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<p>1 STATE OF ILLINOIS</p> <p>2 HEALTH FACILITIES AND SERVICES REVIEW BOARD</p> <p>3 LONG TERM CARE ADVISORY SUBCOMMITTEE</p> <p>4 525 West Jefferson Street, 2nd Floor</p> <p>5 Springfield, Illinois 62761</p> <p>6</p> <p>7</p> <p>8</p> <p>9 MEETING OF THE LONG-TERM CARE ADVISORY SUBCOMMITTEE</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14 The meeting of the Subcommittee was held by</p> <p>15 video conference on November 5, 2014, scheduled to</p> <p>16 begin at 10:00 a.m.</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 ALSO PRESENT:</p> <p>2 Frank Urso - HFSRB Counsel</p> <p>3 Claire Burman - HFSRB Staff</p> <p>4 Nelson Agbodo - HFSRB Staff</p> <p>5 Ann Guild - HFSRB Staff</p> <p>6 Courtney Avery - HFSRB Staff</p> <p>7 George Roate - IDPH Staff</p> <p>8 Michael Constantino - IDPH Staff</p> <p>9 Jason Speaks - LeadingAge</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20 Court Reporter:</p> <p>21 Jennifer L. Crowe, CSR</p> <p>22 Illinois CSR #084-003786</p> <p>23 Midwest Litigation Services</p> <p>24 15 S. Old State Capitol Plaza</p> <p>Springfield, Illinois 62701</p> <p>217-522-2211</p> <p>1-800-280-3376</p>
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<p>1 MEMBERS PRESENT:</p> <p>2 Chairman Michael Waxman</p> <p>3 Vice Chairman William Bell</p> <p>4 Alan Gaffner</p> <p>5 Charles Foley</p> <p>6 Tim Phillippe</p> <p>7 Michael Scavotto</p> <p>8 Cecilia Credille</p> <p>9 Judy Amiano</p> <p>10 Steve Lavenda</p> <p>11 John Florina</p> <p>12 Joe Ourth</p> <p>13 Bill Casper</p> <p>14 Kelly Cunningham</p> <p>15 Neyna Johnson</p> <p>16 Carolyn Handler</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>1 AGENDA</p> <p>2 CALL TO ORDER</p> <p>3 1. Roll Call</p> <p>4 2. Approval of Agenda</p> <p>5 3. Approval of August 19, 2014 Meeting</p> <p>6 Transcript</p> <p>7 4. LTC Subcommittee Membership Tenure</p> <p>8 5. Proposed Amendments to LTC Advisory</p> <p>9 Subcommittee By-laws</p> <p>10 6. Update - Revisions to the LTC CON Rules</p> <p>11 and Application</p> <p>12 7. Update - "Buyer/Seller Requirements"</p> <p>13 Workgroup</p> <p>14 8. Other Business</p> <p>15 9. Next Meeting</p> <p>16 10. Adjournment</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>

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<p>1 (Start time 10:13 a.m.)</p> <p>2 MR. CHAIRMAN: I would like to suggest that</p> <p>3 we start, and since -- as Chairman I have that</p> <p>4 right. So please, if we can come to order.</p> <p>5 I am -- are you going to do roll call?</p> <p>6 UNIDENTIFIED: Start there.</p> <p>7 MR. CHAIRMAN: We will start in Springfield</p> <p>8 with roll call, please.</p> <p>9 MR. CONSTANTINO: Mike Constantino, Illinois</p> <p>10 Department of Public Health.</p> <p>11 MR. AGBODO: Nelson Agbodo, HFSRB staff.</p> <p>12 MR. GAFFNER: Alan Gaffner, Alden Network.</p> <p>13 MR. FOLEY: Charles Foley.</p> <p>14 MR. PHILLIPPE: Tim Phillippe.</p> <p>15 MS. CUNNINGHAM: Hi. Kelly Cunningham,</p> <p>16 Healthcare and Family Services.</p> <p>17 MR. SCAVOTTO: Mike Scavotto.</p> <p>18 MR. BELL: Bill Bell.</p> <p>19 MR. SPEAKS: Jason Speaks with LeadingAge.</p> <p>20 I am not on the subcommittee, I'm just here kind of</p> <p>21 observing.</p> <p>22 MR. ROATE: And George Roate from Illinois</p> <p>23 Department of Public Health.</p> <p>24 MR. SPEAKS: That's it for here.</p>	<p>1 MR. LAVENDA: Steve Lavenda from Frost</p> <p>2 Ruttenberg &amp; Rothblatt.</p> <p>3 MR. FLORINA: John Florina.</p> <p>4 MR. FOLEY: F-L-O-R-I-N-A. I got you</p> <p>5 covered, John.</p> <p>6 MR. CHAIRMAN: All right. Chuck, you are</p> <p>7 always there for us. We appreciate that.</p> <p>8 We have several new members, some of which I</p> <p>9 have not met yet. So I apologize for that. But</p> <p>10 Steve, would you -- do you want to do like an hour</p> <p>11 presentation?</p> <p>12 MR. LAVENDA: An hour?</p> <p>13 MR. CHAIRMAN: Five minutes.</p> <p>14 MR. LAVENDA: Let's see, I'm a partner with</p> <p>15 Frost, Ruttenberg &amp; Rothblatt Health Care Group. I</p> <p>16 have been with the firm for about 30 years. I have</p> <p>17 been in the long-term care field close to 35 years.</p> <p>18 My main responsibilities are with the cost reports,</p> <p>19 Medicaid/Medicare reimbursements, and also I serve</p> <p>20 on the Supportive Living Facilities Advisory Board,</p> <p>21 and I was asked to be part of this committee a few</p> <p>22 months ago. I gladly accepted.</p> <p>23 MR. CHAIRMAN: Thank you, Steve.</p> <p>24 John, you have been here, but you are now</p>
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<p>1 MR. CHAIRMAN: We have four voting members</p> <p>2 in Springfield?</p> <p>3 UNIDENTIFIED: I have five.</p> <p>4 UNIDENTIFIED: I have got six.</p> <p>5 MR. CHAIRMAN: We will start with you.</p> <p>6 MR. FOLEY: I'm new.</p> <p>7 UNIDENTIFIED: Six.</p> <p>8 MR. CHAIRMAN: Six voting members in</p> <p>9 Springfield?</p> <p>10 UNIDENTIFIED: The guy in the blue shirt is</p> <p>11 not included.</p> <p>12 MR. CHAIRMAN: We will start here. Cece, is</p> <p>13 that you down there, all the way down there?</p> <p>14 MS. CREDILLE: Cece Credille, IHCA</p> <p>15 representative.</p> <p>16 MS. AMIANO: Judy Amiano with LSM or</p> <p>17 LeadingAge I guess it is.</p> <p>18 MS. GUILD: Ann Guild, HFSRB.</p> <p>19 MS. HANDLER: Carolyn Handler, at large.</p> <p>20 MR. URSO: Frank Urso, board staff.</p> <p>21 MS. AVERY: Courtney Avery, board staff.</p> <p>22 MR. CHAIRMAN: I am Mike Waxman. I'm Chair</p> <p>23 of the committee.</p> <p>24 MS. BURMAN: Claire Burman, board staff.</p>	<p>1 officially a new member, so please.</p> <p>2 MR. FLORINA: John Florina, licensed nursing</p> <p>3 home administrator, nursing home administration. I</p> <p>4 have been a visitor for the last approximately a</p> <p>5 year and have now joined the ranks with the rest of</p> <p>6 you. So thanks for inviting me.</p> <p>7 MR. CHAIRMAN: John, had a year to decide</p> <p>8 whether we were crazy enough for him to join, and</p> <p>9 he decided to.</p> <p>10 New members in Springfield. Chuck has been</p> <p>11 here longer than I have, but he is now an official</p> <p>12 member.</p> <p>13 So Chuck, you have got 30 seconds.</p> <p>14 Everybody knows who you are.</p> <p>15 MR. FOLEY: I am Charles Foley. I'm from</p> <p>16 Springfield. Health care consultant.</p> <p>17 MR. CHAIRMAN: Thank you, Chuck. You know</p> <p>18 I'm teasing. You can have another 30 seconds if</p> <p>19 you need it.</p> <p>20 MR. FOLEY: Well, actually I have got about</p> <p>21 40 pages to read, if that's okay.</p> <p>22 Go ahead, Alan, introduce yourself.</p> <p>23 MR. CHAIRMAN: Alan, sorry, I don't know</p> <p>24 you, but I know of you, so please.</p>

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<p>1 MR. GAFFNER: Thank you. I look forward to 2 getting to meet you, Mr. Chairman. 3 Alan Gaffner. I have had over 34 years in 4 both acute care on the hospital side and long-term 5 care and have had the privilege of serving for 6 approximately ten years as Secretary of the 7 Illinois Health Care Association Board and also 8 served for two and a half years on the Health Care 9 Council of Illinois board. 10 This is my first meeting. I was extended 11 the opportunity to join. I know am serving with 12 the Alden Network. Over the years I have had 13 responsibilities in a lot of areas that span the 14 gamut from marketing, fundraising, legislative, 15 regulatory governmental affairs, and it is a 16 privilege to join this group, and I am grateful for 17 that opportunity. 18 MR. CHAIRMAN: Thanks to you, and, again, a 19 warm welcome to all of our new members. I think 20 the committee has changed since our beginning. I 21 think we have come into a more cohesive working 22 group with a more complete understanding of what 23 our direction is and what our obligations are, and 24 I welcome the new members to fall into that move</p>	<p>1 MR. SCAVOTTO: I move we accept the meeting 2 transcript. 3 MR. FOLEY: Second. 4 MR. CHAIRMAN: Thank you. All in favor 5 (Ayes heard.) 6 MR. CHAIRMAN: Any opposed? 7 (No response.) 8 MR. CHAIRMAN: Motion carried. Thank you 9 all. I think everybody is aware that this meeting 10 will end at 1:30 instead of 2 due to whatever. 11 Next on the agenda is long-term care 12 subcommittee membership, and Frank, is that you, is 13 it Courtney? 14 MR. URSO: Claire, you sent out a document 15 that listed everyone's current terms. 16 MS. BURMAN: Yes, the last time that we -- 17 yes, this is a listing of terms that were given to 18 the membership, and this is approximately from a 19 year ago. We needed to divide everybody into three 20 basic groups, one year, two year and three year. 21 Since that time we had one member who 22 resigned, Mr. Sullivan, and in our discussion of 23 this, this matter at the last Long-Term Care 24 Subcommittee meeting we were talking about perhaps</p>
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<p>1 forward kind of opportunity. I feel like I just 2 won an election. I don't know why I'm doing this, 3 so forgive me. That's what you get for spending 4 three hours in a car doing five miles an hour. 5 So I need a motion to approve the agenda, 6 please. 7 MR. PHILLIPPE: So moved. 8 MR. CHAIRMAN: I have a motion. I need a 9 second? 10 MR. SCAVOTTO: Second. 11 MR. CHAIRMAN: I have second. All in favor. 12 (Ayes heard.) 13 MR. CHAIRMAN: Any opposed? Motion carries. 14 I need a motion to approve the transcript of 15 our last meeting which was August 19th. 16 Yes, sir? 17 MR. URSO: You need the person to say their 18 name. 19 (Discussion off the record.) 20 MR. CHAIRMAN: Okay. Well, we are fine. I 21 need a motion somewhere in the world to approve the 22 agenda, to approve the minutes. Now I scared 23 everybody. So somebody please move to accept 24 the --</p>	<p>1 making the representation from different state 2 agencies more of a permanent membership. That is 3 something that we need to talk about and approve or 4 not today. 5 Then we have members who were never really 6 placed into any of the three groups. So this is 7 their opportunity to tell us what their preferences 8 are and see how we work that out. 9 So right now on the one-year list, which the 10 expiration of that term is October 2014, we have 11 Mr. Raikes, Mr. Scavotto, Ms. Johnson and Ms. Evans 12 who is not present right now. 13 I guess is Neyna present in Springfield? 14 MR. CONSTANTINO: Mike Constantino. No. 15 MS. BURMAN: Okay. We did not hear from 16 anyone in that group as to what they wish to do. 17 There was some discussion at the last meeting that 18 perhaps someone might want to stay on past this 19 one-year term, and it is open for discussion. 20 MR. SCAVOTTO: Could I speak? This is Mike 21 Scavotto. I am looking at this as my last meeting. 22 MS. BURMAN: Well -- 23 MR. CHAIRMAN: We won't accept that. 24 MR. FOLEY: I will second that, Mike.</p>

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<p>1 MR. SCAVOTTO: You will second that. Thank</p> <p>2 you, Charles.</p> <p>3 MR. FOLEY: No, that we don't accept.</p> <p>4 MR. URSO: Let me, let me add onto what</p> <p>5 Claire said. This is Frank Urso. According to the</p> <p>6 by-laws that were approved, once the terms expire,</p> <p>7 so for instance the one-year term and two-year</p> <p>8 term, three-year terms, then the static three-year</p> <p>9 terms begin.</p> <p>10 So what I mean by that is anybody who is in</p> <p>11 a one-year term now that expires, if they want to</p> <p>12 remain, you know, on the committee or if new people</p> <p>13 come forward, they become three-year terms.</p> <p>14 So after the second term has expired, that</p> <p>15 becomes a three-year term. So you have staggered</p> <p>16 three-year terms once we end this initial</p> <p>17 termination of terms.</p> <p>18 So therefore, everybody's term after their</p> <p>19 initial terms are completed, if I am not confusing</p> <p>20 you, it becomes a three-year term.</p> <p>21 So if Mr. Scavotto, for instance, decided to</p> <p>22 stay on, he would then be in a three-year term.</p> <p>23 Everybody else would be, once their term ends,</p> <p>24 would be in a three-year term.</p>	<p>1 So, for instance, Bill Bell and so on, there</p> <p>2 would have to be a determination made where the</p> <p>3 slots are open, that's where they would fit, and</p> <p>4 there are five slots per term.</p> <p>5 Does that answer your question, Carolyn?</p> <p>6 MS. HANDLER: Yes, it does. Thank you.</p> <p>7 MR. CHAIRMAN: Frank, just to clarify, when</p> <p>8 it says one year, two year, three year, at what</p> <p>9 point are we counting for year one, year two,</p> <p>10 today's date?</p> <p>11 MR. URSO: Well, technically it is the date</p> <p>12 that is in the by-laws. So, in other words, the</p> <p>13 first term expired October 1st, 2014.</p> <p>14 MR. CHAIRMAN: Okay.</p> <p>15 MR. URSO: The second term expires October</p> <p>16 1st, 2015, and the third term expires October 1st,</p> <p>17 2016. And once again, each of those termination</p> <p>18 dates, that begins a three-year term for those</p> <p>19 people that are in that, those five people or five</p> <p>20 slots that are in that one-year term.</p> <p>21 Do you need me to repeat anything there,</p> <p>22 Mike?</p> <p>23 MR. CHAIRMAN: So in effect, the people</p> <p>24 whose one-year term expired last month --</p>
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<p>1 Does anybody have any questions about that?</p> <p>2 MS. HANDLER: What about new people that</p> <p>3 come on?</p> <p>4 This is Carolyn Handler. My question is</p> <p>5 what about the new individuals that came on since</p> <p>6 the by-laws were revised?</p> <p>7 So like Bill Bell, Bill Casper, do they come</p> <p>8 into three-year terms automatically?</p> <p>9 MR. URSO: Well, let me -- I will back into</p> <p>10 answering that. What we are proposing with some</p> <p>11 new by-law changes that are on the table is that</p> <p>12 the members that represent state agencies would be</p> <p>13 perpetual standing members. So that pulls four</p> <p>14 members out of the 19, okay?</p> <p>15 So you have IDPH, DHS, Healthcare and Family</p> <p>16 Services and Aging. Those people would be on a</p> <p>17 perpetual membership or those agencies I should</p> <p>18 say, whomever represents those agencies.</p> <p>19 So therefore you have 15 members left. So</p> <p>20 essentially you have five members in each tier or</p> <p>21 five members in each term, okay?</p> <p>22 So with the new members that are coming on</p> <p>23 board, a decision has to be made whose slot they</p> <p>24 are filling, okay, or what slots are available.</p>	<p>1 MR. URSO: October 1st, correct.</p> <p>2 MR. CHAIRMAN: So we need to know from these</p> <p>3 one, two, three, four people -- we have heard from</p> <p>4 Mike -- the other three people whether they want to</p> <p>5 continue on in the new three-year term or whether</p> <p>6 they are parting company with us forever.</p> <p>7 MR. URSO: Correct. What you also have in</p> <p>8 the one-year term is a vacancy. So one of these</p> <p>9 people at the bottom of the list in terms of not</p> <p>10 being in a term, one of them has to fit in a</p> <p>11 one-year slot so to speak, so on, so forth.</p> <p>12 Because when you take out the state agency people,</p> <p>13 you have 15 slots left, and that's five slots</p> <p>14 available in each term, if my math is correct.</p> <p>15 Is it correct?</p> <p>16 MR. CHAIRMAN: Okay.</p> <p>17 MS. CREDILLE: This is Cece Credille. Can I</p> <p>18 ask a separate question?</p> <p>19 And I -- who are the representatives now,</p> <p>20 the officials from IDPH, DHS, Department on Aging</p> <p>21 and such, who are they?</p> <p>22 MR. URSO: Well, you have Paul Corpsmen from</p> <p>23 Illinois Department of Public Health, you have</p> <p>24 Neyna Johnson from Aging, and you have Terri</p>

<p style="text-align: right;">Page 17</p> <p>1 Dederer from Healthcare and Family Services and who 2 is DHS? 3 MS. CUNNINGHAM: This is Kelly Cunningham in 4 Springfield. If I can -- yeah, just to correct 5 that, Frank, Terry is with DHS, and I am with HFS, 6 Kelly Cunningham. 7 MR. URSO: Okay. Thank you, Kelly, for 8 correcting that. So those are the four people who 9 are agency representatives. 10 MS. CREDILLE: This is Cece Credille again. 11 So Neyna Johnson is sitting up in a one-year term, 12 but you are proposing that she be a permanent 13 member under, as a Department of Aging rep? 14 MR. URSO: That's right. That's another 15 opening in a one-year slot, correct. 16 MR. CHAIRMAN: If she chooses. 17 MR. URSO: Well, the agency will always have 18 a slot, a perpetual slot. 19 MR. CHAIRMAN: But it may be somebody else. 20 MR. URSO: Correct, but she vacates the 21 one-year slot. So that opens up for the new 22 members, one new member to take that slot. 23 MR. CHAIRMAN: So do we need -- are we 24 looking for two volunteers to fill the one-year</p>	<p style="text-align: right;">Page 19</p> <p>1 Scavotto's place. 2 MR. CHAIRMAN: Chuck, did you say that? 3 MR. FOLEY: Yes, sir, I did. 4 MR. CHAIRMAN: Okay. And you are willing to 5 accept the three-year term? 6 MR. FOLEY: Yes, sir, I am. 7 MR. CHAIRMAN: John, were you going to do 8 the same thing? 9 MR. FLORINA: I was going to make a comment. 10 I would like to work with some kind of specific 11 criteria. It appears we don't have any -- this is 12 Florina by the way -- that we don't have any 13 specifics as to how you fill an open spot when 14 there is an opening that occurs. 15 I'm not referring just to the initial one, 16 two and three-year terms that you have arranged, 17 I'm talking about somebody leaves in the middle of 18 their term, when you have a replacement do they 19 fill that spot, do they take a different term? 20 It is not clear, and here we are basically 21 just talking about it saying who wants to take 22 which slot. That's the point I was trying to make. 23 MR. CHAIRMAN: Well, in the past what we've 24 done is if someone leaves mid-term, they simply</p>
<p style="text-align: right;">Page 18</p> <p>1 terms and then agree to a three-year term after 2 that to solve this issue and move forward? 3 MR. FOLEY: Mr. Chairman, Charles Foley 4 here. I would like to ask Mr. Scavotto to kindly 5 reconsider. 6 MR. CHAIRMAN: I thought I did, but we 7 definitely would like to have Mike reconsider. 8 MR. FOLEY: Yes. 9 MR. SCAVOTTO: I will get back to you. 10 MR. CHAIRMAN: Yes, you reconsider? 11 MR. FOLEY: We have to vote now. 12 MR. SCAVOTTO: No, I made up my mind. I'm 13 out. I have been doing this from its inception, 14 and it is time to, time for other people to take 15 over and move on. 16 MR. FOLEY: Okay. 17 MR. BELL: I respect that. 18 MR. FOLEY: I respect that wholeheartedly. 19 MR. CHAIRMAN: So again, Frank, my question 20 is do we seek volunteers to fill, to take the names 21 off of the one-year term and then assume -- and 22 assure ourselves that they will move into a 23 three-year term effective today? 24 MR. FOLEY: I will volunteer to make Mr.</p>	<p style="text-align: right;">Page 20</p> <p>1 step in -- whoever was newly appointed stepped into 2 that position. 3 This is actually the first time as a 4 committee we have designated terms with specific 5 end dates. It has not been done in the past. The 6 earliest by-laws did not establish end dates or 7 expiration or terms. So this is sort of a new 8 process, John, and anyone else that has the same 9 questions. 10 So in the future if someone was to leave in 11 the middle of their term, we would seek new 12 applications, that process, approval by a couple of 13 us and the mother board chair, and they would then 14 step into the position of the person who left. 15 MR. FLORINA: Is it appropriate that the 16 by-laws so state that so we know what we are 17 talking about? 18 MR. CHAIRMAN: Mr. By-law writer is looking 19 for that. 20 MR. URSO: John, we are going to talk about 21 by-laws today, and I think it would be really 22 appropriate if you had some thoughts about 23 additions, we will then, you know, draft some 24 language to cover that, and we can talk about it.</p>

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<p>1 MR. FLORINA: This is Florina. I don't have</p> <p>2 a comment as to how to deal with the original</p> <p>3 process that was established, but clearly if an</p> <p>4 existing current member is no longer participating,</p> <p>5 the replacement for that member should fill that</p> <p>6 person's spot that was vacated.</p> <p>7 MR. CHAIRMAN: Correct. I mean, that's my</p> <p>8 logic, too.</p> <p>9 MR. URSO: The only thing I think the</p> <p>10 by-laws speak to right now if there was a complete</p> <p>11 vacancy and therefore then the board chair picks</p> <p>12 the members that have -- let's say there is only 18</p> <p>13 members and we want to fill the 19th slot and there</p> <p>14 is nobody, you know, there is nobody in the wings</p> <p>15 so to speak. The board chair, the mother board</p> <p>16 would then pick that member. So we speak to that</p> <p>17 aspect of it.</p> <p>18 You are asking a different question, though.</p> <p>19 I think you are talking about when you have -- like</p> <p>20 we have now, we have six members who are not</p> <p>21 designated in a slot; how do they get chosen for</p> <p>22 the particular term, correct?</p> <p>23 MR. FLORINA: Yep. Well, you need to get a</p> <p>24 starting point, and you need to assign everybody up</p>	<p>1 could just propose maybe the same thing. Rather</p> <p>2 than spending an hour and a half talking about this</p> <p>3 here and trying to get people to volunteer and</p> <p>4 figure out by video, can we just let the Chair,</p> <p>5 like you said before, decide the slots that people</p> <p>6 go in. I know he is very good at talking to people</p> <p>7 and getting their buy-in and let you do that so we</p> <p>8 don't have to do all that at the meeting. If we</p> <p>9 need to change by-laws to do that, we should go</p> <p>10 ahead and do it and don't have to spend time in our</p> <p>11 meeting talking about it.</p> <p>12 MR. CHAIRMAN: I'm fine with that except --</p> <p>13 and I accept your compliment, except it didn't work</p> <p>14 with Mr. Scavotto.</p> <p>15 MR. PHILLIPPE: I tried also for a couple, a</p> <p>16 few months. Didn't work for me either. But the</p> <p>17 rest of it I think you're capable of handling so we</p> <p>18 don't have to spend a lot of time trying to</p> <p>19 organize it through a conference call.</p> <p>20 MR. CHAIRMAN: I'm fine with that.</p> <p>21 Do I see a hand in Springfield or just</p> <p>22 fuzziness without my glasses?</p> <p>23 Okay. So are we done with this subject</p> <p>24 matter?</p>
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<p>1 to 19 into one of these spots or 15 I should say</p> <p>2 after you take out the four state personnel.</p> <p>3 MR. URSO: I think when you think back and</p> <p>4 maybe some of the other members that were here at</p> <p>5 the time, when we first designated these staggered</p> <p>6 terms it was who wanted to take what term, and it</p> <p>7 was basically a volunteer kind of thing.</p> <p>8 Then if there were people who didn't have</p> <p>9 preferences, then I think the Chair said okay, you</p> <p>10 know, you are going into that slot.</p> <p>11 MR. CHAIRMAN: Correct.</p> <p>12 MR. URSO: Sometimes it was just because you</p> <p>13 only had -- I think we had six, six and seven at</p> <p>14 the time, six slots, and first term six slots and</p> <p>15 second term and seven slots. Wherever there was a</p> <p>16 slot opening somebody was left, the Chair said</p> <p>17 well, you got to take that term basically.</p> <p>18 MS. AMIANO: Judy Amiano. The original</p> <p>19 intent was not to have this go on forever and ever,</p> <p>20 the work of this group, correct?</p> <p>21 So that's why there was nothing, John, in</p> <p>22 the original by-laws.</p> <p>23 MR. CHAIRMAN: Tim?</p> <p>24 MR. PHILLIPPE: I'm just wondering if we</p>	<p>1 Courtney and I will kind of go over all of</p> <p>2 this, and we will put people into --</p> <p>3 MS. BURMAN: This is Claire Burman. I think</p> <p>4 that we need a vote on the idea of having perpetual</p> <p>5 membership for representatives from the state</p> <p>6 agencies.</p> <p>7 MR. CHAIRMAN: I need a motion to the effect</p> <p>8 that we will create four perpetual memberships for</p> <p>9 the state agencies listed on the sheet.</p> <p>10 MR. PHILLIPPE: I will so move.</p> <p>11 MR. FOLEY: I will second. Second by Foley.</p> <p>12 MR. CHAIRMAN: A motion from Tim. Motion</p> <p>13 from Tim and a second from Chuck. All in favor?</p> <p>14 (Ayes heard.)</p> <p>15 MR. CHAIRMAN: Any opposed? One opposed,</p> <p>16 Cece Credille.</p> <p>17 From what I have heard I think the motion</p> <p>18 carries.</p> <p>19 Frank, do we need to do a show of hands or</p> <p>20 are we okay?</p> <p>21 UNIDENTIFIED: You could do roll call, too.</p> <p>22 MS. AVERY: This is Courtney. I was just</p> <p>23 clarifying with Claire that this motion does not</p> <p>24 change the by-laws at this point, correct?</p>

<p style="text-align: right;">Page 25</p> <p>1 MR. URSO: I don't know if -- the committee  2 has not discussed the proposed by-law amendment.  3 You are just talking about concept, or are  4 you talking about --  5 MS. BURMAN: Well, yes. This is Claire  6 Burman again. Yeah, I think technically speaking  7 it should be a by-law change.  8 MS. AVERY: It should be.  9 MS. BURMAN: So we can rephrase.  10 MS. AVERY: I don't think we need a motion  11 for it. When we had the discussion about the  12 members that we just agreed on, we can put that,  13 and then that has to come back to the Board, right,  14 and we can do, have the amendment at that time in  15 the by-laws. So it is two separate things. It  16 doesn't change the by-laws at this point.  17 MR. CHAIRMAN: Do we want the committee to  18 agree upon the concept of four?  19 MR. URSO: I think we are talking about a  20 concept, correct me if I am wrong, because the  21 by-law amendment that's proposed that was sent to  22 everybody has not been put on the table yet for a  23 discussion.  24 So you are just talking about a concept</p>	<p style="text-align: right;">Page 27</p> <p>1 with your point, and we've also established via the  2 by-laws that there is a process for someone who is  3 not able to attend a meeting to send a proxy.  4 So I think that process should also extend  5 to the four agencies so that there is someone from  6 all four agencies at our meetings. I agree with  7 you, Cece. Thank you.  8 MR. URSO: Cece, I can tell you that  9 although we have not discussed the proposed by-law  10 change setting this in motion, there is no language  11 in that proposed by-law change saying that those  12 four members are excluded from other by-laws.  13 So the rest of the by-laws would apply to  14 them unless we, unless this committee decides to  15 restrict it in some respect.  16 MS. CREDILLE: This is Cece Credille again.  17 My notes may be incorrect, but I thought we -- it  18 was mentioned that the department would be on the  19 committee but not the individual. That's what I  20 thought. I could have misunderstood.  21 MS. AVERY: This is Courtney Avery. The  22 idea comes from inconsistency with the Board,  23 overall Board. By statute there are three  24 departments that are represented as ex-officio</p>
<p style="text-align: right;">Page 26</p> <p>1 right now, and according to the current by-laws,  2 any revisions to the by-laws requires 12 votes out  3 of the 19.  4 MR. CHAIRMAN: Tim, are you okay if your  5 amendment, if your motion is changed to accept the  6 concept of?  7 MR. PHILLIPPE: Yes, that's fine.  8 MR. CHAIRMAN: Okay. Mr. Foley, second?  9 MR. FOLEY: Yes.  10 MR. CHAIRMAN: Okay.  11 MS. CREDILLE: This is Cece Credille. Can  12 we have a discussion about what my concern is?  13 MR. CHAIRMAN: Sure.  14 MS. CREDILLE: I'm not opposed to the  15 concept of these individuals from these  16 departments, but we, as other members, have  17 restrictions that we can only miss two meetings a  18 year or we are not on the committee.  19 I would be concerned that if people just  20 come in and out of the committee, then they don't  21 have all of the information. So I would want  22 parameters. I would suggest that we have some kind  23 of parameters around it.  24 MR. CHAIRMAN: I certainly agree with your,</p>	<p style="text-align: right;">Page 28</p> <p>1 members that we work closely with.  2 So these agencies also we work closely with in  3 this, in the long-term care subcommittee. That's  4 what we have decided that we can have, those four  5 as the standing members.  6 But the people that are appointed, I'm not  7 sure how they were appointed, if the director of  8 those agencies appointed them or someone else  9 appointed them.  10 So I guess we would have to work closely  11 with them to make sure that it is consistent and  12 when they aren't available to attend, they give us  13 ample notice for a proxy and those people be  14 brought up to speed.  15 Everything is always on the web site, and we  16 had a conference call with three, three of the four  17 who agreed to that like if they had to send  18 someone, they will bring those people up to speed  19 so there won't be any rehashing or not knowing what  20 is going on.  21 MR. URSO: These would be four voting  22 members.  23 MR. CHAIRMAN: Cece, are you okay with what  24 is being said?</p>

<p style="text-align: right;">Page 29</p> <p>1 MS. CREDILLE: Well, so -- this is Cece 2 again. So is it really the department, or is it an 3 individual on the committee? 4 MS. AVERY: It is really the department, but 5 the person, the individual should be appointed by 6 either the director or the division person, the 7 division head. 8 MR. CHAIRMAN: And they have to follow the 9 same rules as everybody else; that if the person 10 appointed is not there, that they do send a proxy, 11 and the proxy is sent to the committee and approved 12 in the normal process. So there is continuity and 13 regular attendance, accountability. 14 Okay. Let's just make sure that we are all 15 in the same place. There is a motion to accept the 16 concept of making the four state agencies perpetual 17 members. We have a motion from Tim, approved by 18 Chuck. 19 Can I ask everybody to vote again. All in 20 favor aye? 21 (Ayes heard.) 22 MR. CHAIRMAN: Any opposed? 23 Are you opposing or are you late aye-ing? 24 Is there one opposition?</p>	<p style="text-align: right;">Page 31</p> <p>1 MR. FLORINA: I guess -- 2 MR. URSO: Is that okay? 3 MS. AMIANO: This is Amiano. Just for 4 clarification, Frank, is that that once a member is 5 identified, the Chair slots it into a one, two or 6 three-year term, or the Chair has unilateral 7 authority to pick any member? 8 MR. URSO: You mean pick a new member? 9 MS. AMIANO: A new member. 10 MR. URSO: New members have to be chosen by 11 mother board chair. So this would be the second 12 level. The subcommittee chair would then say okay, 13 this new member that's already been chosen by the 14 board chair is going to go and do this particular 15 term. 16 MS. AMIANO: Thank you for the 17 clarification. 18 John, is that okay with you? 19 MR. FLORINA: That's fine with me. You are 20 still working through the original way you set this 21 up to fill all of the spots. We have not gone 22 through the first three-year term -- 23 MR. URSO: We have not gone through all the 24 three-year terms where everybody that would be on a</p>
<p style="text-align: right;">Page 30</p> <p>1 MR. ROATE: I think everybody is in 2 agreement here, sir. 3 MR. CHAIRMAN: Oh, I heard a late, a delayed 4 transmission. We heard, we heard one aye late. 5 Okay. Thank you, all. The motion carries. 6 Wow, that was fun. 7 Is there anything else that we have to do, 8 agenda item? 9 MR. URSO: I don't want to belabor the fact, 10 but Mr. Florina had an idea perhaps that the 11 ability of the subcommittee chair to make 12 assignments in various terms. 13 Your thought, if I understood you correctly, 14 was perhaps to have that as an amendment to the 15 bylaws; am I right? 16 MR. FLORINA: Florina again. Just to 17 clarify, when there is opening and a replacement 18 for that opening, the replacement member would 19 serve the remaining term the person they are 20 replacing. 21 MR. URSO: This is Frank Urso. We can put 22 some language together for the next meeting to 23 hopefully address what your thoughts are about the 24 assignments being made by the subcommittee chair.</p>	<p style="text-align: right;">Page 32</p> <p>1 three-year term. We have not done that. 2 MR. FLORINA: I didn't mean to bog anything 3 down with this, I was just trying to -- 4 MR. CHAIRMAN: This is your first official 5 meeting, John, so be careful. 6 Frank, are we done with this topic? 7 MR. URSO: I believe so. Claire? 8 MS. BURMAN: Yes, I think connected to this 9 are draft changes to the by-laws. 10 MR. CHAIRMAN: That's the next agenda item. 11 MS. BURMAN: Yes. 12 MR. CHAIRMAN: Okay. 13 MS. BURMAN: Sorry. John? 14 MR. FLORINA: John Florina again. Item 5-7, 15 I just want to make sure it is clear what a quorum 16 is and how many votes you need to make a decision. 17 As brought up if we are going to discuss 18 by-laws, it appears that you need eight in a 19 quorum, to form a quorum, but in Section 5-7 it 20 says that if you only have six that you can vote 21 and pass something. So that seemed inconsistent 22 with the requirement. 23 MR. CHAIRMAN: Frank, do you have a 24 response, or are we inconsistent?</p>



<p style="text-align: right;">Page 33</p> <p>1 MR. URSO: John, we will take a look at it 2 and clarify 5.2 as discussed in the quorum in 3 relation to 5.7 We will do that and bring it to 4 your attention. 5 MS. CREDILLE: This is Cece Credille. Do we 6 need to -- and I don't know if it is today or at 7 another point we talk about a change in the quorum 8 or whatever. If there are four permanent 9 department people on the committee and it only 10 takes six votes -- 11 (Neyna Johnson now present.) 12 MS. CREDILLE: You know what I'm saying, 13 Mike? 14 MR. CHAIRMAN: While Frank is figuring this 15 out, can we roll call Neyna into the meeting, 16 please. 17 In Springfield isn't that Neyna? 18 MS. JOHNSON: It is. I apologize for my 19 lateness. 20 MR. CHAIRMAN: Just identify yourself for 21 the minutes. 22 MS. JOHNSON: Neyna Johnson. 23 MR. CHAIRMAN: Please identify yourself for 24 the minutes, please.</p>	<p style="text-align: right;">Page 35</p> <p>1 So maybe the confusion with the six that you 2 are talking about has to do with what John Florina 3 brought up in terms of 5.7, but the quorum is 4 designated by the bylaws as eight. You recall that 5 it was a majority, and we weren't getting enough 6 people to have a quorum. So we, the committee, 7 decided to reduce that to 40% which is eight 8 members, once again, if my math is correct. 9 MR. CHAIRMAN: We have a new attendee in 10 Chicago. Would you please identify yourself? 11 (Mr. Ourth now present.) 12 MR. OURTH: Joe Ourth, Arnstein &amp; Lehr. 13 MR. URSO: Cece, did that answer your 14 question? 15 MS. CREDILLE: Yeah. 16 MR. URSO: I don't know if it addresses your 17 concern. 18 MS. CREDILLE: It still remains a concern, 19 then, because -- so I don't know if we need to 20 change the quorum or something if there is four 21 permanent departmental and individuals are in that 22 slot but it is really the department. 23 MR. URSO: There have always been four 24 representatives from those state agencies. They</p>
<p style="text-align: right;">Page 34</p> <p>1 MS. JOHNSON: Neyna Johnson. 2 MR. CHAIRMAN: Thank you. I'm sorry. 3 MR. FOLEY: We all got you, Neyna. 4 MS. AVERY: Courtney Avery. Can we go to 5 Cece? 6 Is there a concern, Cece, that it might be a 7 way of the state departments having more power than 8 the rest of the subcommittee because it only takes 9 -- 10 MS. CREDILLE: I may be articulating -- this 11 is Cece Credille. I may be articulating it 12 incorrectly, but the thought is if it only takes 13 six people to vote but four are permanently from 14 the state, then that just seems different than how 15 the committee functions. 16 MS. AVERY: Okay. 17 MS. CREDILLE: But I don't know if I am 18 articulating -- Frank, you may need to help me in 19 what I am saying. 20 MR. URSO: I think the by-laws say that it 21 is 40% of the 19 membership is what the quorum has 22 to be. Those are eight members. So to pass 23 anything, there has to be, or not pass something, 24 there has to be eight votes.</p>	<p style="text-align: right;">Page 36</p> <p>1 have always been voting members. 2 Making them perpetual members, does that 3 cause a concern for you? 4 MS. CREDILLE: I mean, we had trouble 5 getting to a quorum before. So I know why we got 6 in this situation, but we have more members now. 7 MR. CHAIRMAN: More active members. 8 MS. CREDILLE: Active members, yeah. 9 MR. CHAIRMAN: So your basic fear is that 10 the four agencies could significantly influence a 11 vote? 12 MS. CREDILLE: Correct. 13 MR. URSO: But that's no different -- 14 MS. CREDILLE: It is not a fear, it is just 15 a -- 16 MR. CHAIRMAN: A question. 17 MS. CREDILLE: It is a question. 18 MR. URSO: Cece, is that any different than 19 these four members being on the committee anyway? 20 MS. CREDILLE: No. 21 MR. URSO: Do you understand my question? 22 MS. CREDILLE: Right. 23 MR. URSO: They have always been on the 24 committee.</p>

<p style="text-align: right;">Page 37</p> <p>1 MS. CREDILLE: Right.</p> <p>2 MR. URSO: All we are talking about is</p> <p>3 changing, taking them out of a specific term.</p> <p>4 MS. CREDILLE: Right.</p> <p>5 MS. AVERY: This is Courtney. I was just</p> <p>6 asking Mr. Waxman, what if we looked at some kind</p> <p>7 of way to reconfigure the number of members and</p> <p>8 make the state departments ex officio and</p> <p>9 consistent with the board. So we can make, we can</p> <p>10 do some different scenarios and bring them back.</p> <p>11 MR. CHAIRMAN: My understanding historically</p> <p>12 is that the original 19-member concept came from</p> <p>13 someone who is not longer here, right?</p> <p>14 And I think it was an attempt to kind of --</p> <p>15 MS. AVERY: It was to mirror the other</p> <p>16 long-term care boards that were in existence I</p> <p>17 think.</p> <p>18 MR. CHAIRMAN: Okay.</p> <p>19 MS. CREDILLE: This is Cece. So what you</p> <p>20 are suggesting mirrors the way the others -- I</p> <p>21 don't have any experience.</p> <p>22 MS. AVERY: Just the board. Like the board</p> <p>23 has the nine members and then three ex officio</p> <p>24 departments.</p>	<p style="text-align: right;">Page 39</p> <p>1 MR. URSO: Maybe you should put that out as</p> <p>2 a concept, and then we will have to change the</p> <p>3 bylaws, put it as a motion as a concept, see if</p> <p>4 everybody is comfortable with the approach that you</p> <p>5 are discussing. This is Frank Urso.</p> <p>6 MR. CHAIRMAN: Would someone be kind enough</p> <p>7 to make a motion to a concept that the four state</p> <p>8 agencies becomes ex officio members with no voting</p> <p>9 rights and that the subcommittee itself be a 15</p> <p>10 member committee? Tim?</p> <p>11 MR. PHILLIPPE: Can I make a comment before</p> <p>12 we do that?</p> <p>13 MR. CHAIRMAN: Sure.</p> <p>14 MR. PHILLIPPE: I have been here since the</p> <p>15 beginning. Actually, the people from the state</p> <p>16 agencies have certainly not been aggressive in</p> <p>17 trying to control things, and I don't -- we have</p> <p>18 never had any concern with that.</p> <p>19 If they don't show up for meetings, the same</p> <p>20 thing works for the other people. I mean, the same</p> <p>21 concern. You could have, you know, one or two</p> <p>22 people show up for a meeting. So the vote would be</p> <p>23 very much skewed toward whatever influence of</p> <p>24 non-state.</p>
<p style="text-align: right;">Page 38</p> <p>1 MS. CREDILLE: Okay.</p> <p>2 MS. AVERY: So they are non-voting. The</p> <p>3 state departments are non-voting. They are there</p> <p>4 to provide input, and they can join in the</p> <p>5 conversation, they offer things, but they don't</p> <p>6 vote on the actual applications. So that can be</p> <p>7 possible.</p> <p>8 MR. CHAIRMAN: That will solve the problem.</p> <p>9 Any problem with --</p> <p>10 MR. URSO: The statute that created the</p> <p>11 subcommittee does not address the number of members</p> <p>12 that need to be on the subcommittee. That was an</p> <p>13 arbitrary number that was designated in the</p> <p>14 beginning as having the right people, I guess,</p> <p>15 around the table that represented, you know,</p> <p>16 various important aspects of long-term care, but</p> <p>17 the 19 is not in the statute. So it is not</p> <p>18 mandated that there be 19 members.</p> <p>19 MR. CHAIRMAN: I'm fine with that. I mean,</p> <p>20 sometimes when you say it is a 19-member committee,</p> <p>21 they say that's impossible. So going down to 15 is</p> <p>22 fine.</p> <p>23 MS. AVERY: So we will write the different</p> <p>24 scenarios.</p>	<p style="text-align: right;">Page 40</p> <p>1 MR. FOLEY: We still need eight votes.</p> <p>2 MR. PHILLIPPE: We still need eight people</p> <p>3 of some kind, but the second -- the more -- this is</p> <p>4 more the concept. I would actually prefer if what</p> <p>5 we are proposing and want to do kind of is they</p> <p>6 feel like will that work or if they don't support</p> <p>7 it, I prefer to know those issues on the table to</p> <p>8 be talked about when we are working on issues</p> <p>9 versus kind of what -- if I were a person that was</p> <p>10 a state agency leader and didn't like something, I</p> <p>11 would be more likely to talk about it after the</p> <p>12 meeting. So it helps actually to know all of the</p> <p>13 groups involved are supporting something.</p> <p>14 So certainly they have not been too</p> <p>15 aggressive because they are actually sometimes slow</p> <p>16 to express their opinion.</p> <p>17 MR. CHAIRMAN: I hear what you are saying.</p> <p>18 Any other opinions, please?</p> <p>19 MS. CUNNINGHAM: Hi. This is Kelly</p> <p>20 Cunningham from HFS, and I definitely appreciate</p> <p>21 the conversation about this topic and whether this</p> <p>22 state agencies are ex officio non-voting or not. I</p> <p>23 understand all of the concerns presented.</p> <p>24 I do agree with what Mr. Phillippe just</p>

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<p>1 stated. If the role of the state agency is to 2 attend and provide expertise or policy 3 interpretation or something along those lines, you 4 know, I think that's an important role that state 5 agencies' staff play.</p> <p>6 I guess I agree with what Mr. Phillippe 7 said, and I would appreciate the opportunity to 8 present, you know, to present that during the 9 meetings as salient topics, you know, come up. 10 Whether we can vote on it or not I think is a 11 different question.</p> <p>12 I am a member of several different both 13 governor and director appointed boards. For the 14 most part state agency staff are considered ex 15 officio non-voting members in those other 16 categories, but that does not, that does not limit 17 our input, our ability to participate or 18 communicate --</p> <p>19 MR. FOLEY: That's good to know.</p> <p>20 MS. CUNNINGHAM: -- on topics where we might 21 have expertise or interpretation to act.</p> <p>22 MR. CHAIRMAN: Thank you very much. Judy?</p> <p>23 MS. AMIANO: This is Amiano. Kelly, thank 24 you for stating that because I think that the state</p>	<p>1 problem with not having a vote, I just appreciate 2 having the ability to respond and then questions 3 and comments as I feel appropriate. But it is not 4 going to make or break me.</p> <p>5 I don't know if the director is going to 6 appoint someone else. I don't know at this point 7 what's going to happen with me being over here. I 8 just don't know, so I can't really speak. I will 9 just speak for myself. It doesn't matter to me 10 either way.</p> <p>11 MS. CUNNINGHAM: I, too, agree with Neyna, 12 Frank. I don't have concerns about being an 13 ex-officio non-voting member. That's frankly what 14 I am used to when I participate in other 15 committees. As long as there is an opportunity to, 16 you know, express concerns and participate in 17 dialogue, I think that's really the role of the 18 state employee in this, in this setting.</p> <p>19 MR. GAFFNER: This is Alan Gaffner. Having 20 heard from the two department members, I would move 21 that we consider the concept of having the 22 subcommittee consist of 15 members with the four 23 state agencies being ex officio but would ask that 24 my motion include within the minutes that that ex</p>
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<p>1 agencies provide a terrific perspective in an area 2 where some of us, you know, where we might be 3 lacking in that perspective.</p> <p>4 I think the most important thing is that 5 there is open and robust conversation at the 6 meetings and that we can discuss items thoroughly 7 and appropriately at the meetings.</p> <p>8 MR. CHAIRMAN: Totally agree, Judy. Again, 9 thank you for your comments. They are very 10 helpful.</p> <p>11 Anybody else?</p> <p>12 MR. URSO: Can I ask Kelly a question?</p> <p>13 MR. CHAIRMAN: Of course.</p> <p>14 MR. URSO: And Neyna also. As two agency 15 representatives, do you, do you think that your 16 roles are diminished or there is less conscientious 17 going on if you're ex officio versus a voting 18 member?</p> <p>19 MS. JOHNSON: I'm probably one of the least 20 talkative people on the board, and I think I was 21 supposed to rotate off last month, but I'm having a 22 hard time finding someone to take my place.</p> <p>23 You know, I'm supposed to be representing 24 the consumer, the resident's side. So I have no</p>	<p>1 officio designation encourages their active 2 participation at the table.</p> <p>3 And that's how I have always understood, at 4 least from my committee experience, that ex officio 5 does not limit and should not limit their input, 6 participation and all of the dialogue that takes 7 place.</p> <p>8 MR. FOLEY: I second that.</p> <p>9 MR. CHAIRMAN: We have a motion, and we have 10 a second. I thank you both for saying it so well. 11 All in favor?</p> <p>12 (Ayes heard.)</p> <p>13 MR. CHAIRMAN: Any opposed? Any opposed? 14 (No response.)</p> <p>15 MR. CHAIRMAN: Hearing none, the motion 16 carries. Thank you very much. Frank is busily 17 writing all these adjustments.</p> <p>18 MR. URSO: The only thing that I would say 19 in response to that is I think we have to run it up 20 the flagpole so to speak to the board chair who is 21 actually in charge of appointments and whatnot and 22 make sure that she and the board are comfortable 23 with reducing the size of this subcommittee.</p> <p>24 Of course, I have no response, so I don't</p>

<p style="text-align: right;">Page 45</p> <p>1 know. So that's my only observation about that 2 motion. 3 MR. CHAIRMAN: That's fine. So now we are 4 back to or once again we are going to attempt to 5 get to agenda item 5. 6 So is this Claire, Frank, Courtney? 7 MS. AVERY: I think it is null and avoid 8 right now. 9 MR. CHAIRMAN: We need to do item 5 for the 10 next meeting? 11 MR. URSO: So let me just say something. A 12 proposal was sent out to redraft Section 1.2, and 13 based upon our discussion just now there is 14 probably going to be some more revisions to that 15 section. 16 But the new language that is underlined 17 probably just goes along with the concept that was 18 had approved a little bit earlier, but there is 19 some more revisions that need to be, that need to 20 be drafted in terms of Section 1.2. 21 So it is up to the committee if they want to 22 discuss this section at this point or wait until we 23 include all of the revisions that we talked about. 24 MR. CHAIRMAN: What is the pleasure of the</p>	<p style="text-align: right;">Page 47</p> <p>1 also. I would assume that will be done anyway, but 2 I want to make that -- 3 MS. AVERY: Okay. 4 MR. CHAIRMAN: That being done, then, we are 5 up to item 6, revisions to the long-term care CON 6 rules and application. 7 Claire, is that you? 8 MS. BURMAN: That would be Mr. Scavotto, and 9 I will join in. 10 MR. CHAIRMAN: Okay. Mike, you are up. 11 MR. SCAVOTTO: Thank you. When Cece and I 12 presented our report at the last meeting there were 13 two areas that we felt could use a little bit of 14 work. So we went back at it, and I will go over 15 those adjustments now. 16 The first one concerns the use of the 17 referral letters, and from the last discussion it 18 was pretty clear that there is just two factions on 19 the committee, and it doesn't really matter which 20 one you are in. We have two factions. One thinks 21 that the referral letters are useful, the other 22 thinks that the referral letters are useless. 23 So we are trying to find a compromise to 24 that, and what we've come up with is to split the</p>
<p style="text-align: right;">Page 46</p> <p>1 committee? 2 Do you want to wait to have all amendments 3 presented at one time, or do you want to look at 4 the draft of what was presented for today's 5 meeting? 6 MR. FOLEY: I would prefer that we do it all 7 at one time so that way we can have the total 8 picture right in front of us. 9 MR. CHAIRMAN: Okay. So we will ask staff 10 to, whenever they are prepared, to bring it to the 11 most appropriate meeting, whether it is next 12 meeting or the one after that. 13 Okay. Does anyone have anything that, that 14 they want to have Frank look at or staff look at in 15 terms of by-laws and adjustments while we are doing 16 by-law adjustments that has not been codified also. 17 Whatever is going on in Springfield, I am 18 glad it is there. 19 Frank? John? 20 MR. FLORINA: Florina again. I would just 21 say to be consistent, make sure we take a look at 22 the other portions of the by-laws that would be 23 affected by changing the voting members from 19 24 down to 15, that your quorum and your voting change</p>	<p style="text-align: right;">Page 48</p> <p>1 use of referral. 2 First of all, we're suggesting that we 3 change the use of the term "referral" to support, 4 and there is some method behind that madness. We 5 broke the facilities up into two groups. One was 6 the existing facilities and the new facilities. 7 If we stop to think about it, the existing 8 facilities already have the historical data that is 9 being requested in the referral letters, and that 10 would be the resident origin by zip code, name and 11 specialty of the referring physician or other 12 referral source and name and location of the 13 recipient long-term care facility which presumably 14 is the applicant. 15 So since the existing facilities already 16 have this information, just haven't given it to 17 you, if they are not giving it to you now, they can 18 certainly augment that with letters of support so 19 you can see what they're -- how well they are 20 serving the community. 21 The discussion that we had at the last 22 committee meeting really got bogged down in the use 23 of hospital data, and that's -- we looked at this. 24 Primarily this is my observation. The hospital</p>

<p style="text-align: right;">Page 49</p> <p>1 data is good for Medicare, but that's it. Most of  2 our admissions don't come from the hospital. We  3 get a fair amount of important admissions from the  4 hospital with Medicare, but there are private pay  5 admissions, Medicaid admissions, come off the  6 street.  7 So you can use the letter as a support, but  8 it is not giving us an idea of the depth of  9 commitment that the hospital has. You are missing  10 a lot of your market share, if you will.  11 So for the existing facilities, just give us  12 the last three years of what your admissions look  13 like, and you have basically got the referral  14 letter requirement right there.  15 For new projects involving additional beds,  16 what we are recommending is we just go to the bed  17 need methodology. I say that with some hesitation  18 because I notice that on the next agenda item we  19 have got a buyer seller presentation coming, and  20 there is some, some concern about the utility of  21 the bed need methodology.  22 That being said, the bed need methodology is  23 in place, and if you decide to change it in the  24 future, that's fine, go ahead and do it, but, you</p>	<p style="text-align: right;">Page 51</p> <p>1 thought that was a pretty good place to start.  2 So what our methodology recommends is that  3 if you are an applicant from an urban market, give  4 us the primary zip code served in the admission  5 from each of the last three years, give us total  6 population by age cohort.  7 We have broke it down into three cohorts.  8 You have got 65 to 74, 75 to 84 and 85 plus. Then  9 go ahead and calculate the use rate in terms of  10 resident age per thousand population for each of  11 those last three years for each of those cohorts.  12 Then you have got a chance to use a forecast  13 population whether you want to use Woods &amp; Poole or  14 Scan USA, Claritas. Whatever you want to use, pick  15 a current one and calculate the use rate and then  16 forecast, use that to forecast the use rate for the  17 next five years. That should give us a pretty good  18 idea.  19 I do the same thing for secondary service  20 area. So at that point the staff can verify  21 whether or not the applicant is providing a good  22 assessment of demand in the application.  23 The real problem in trying to solve this is  24 that there is just so darn many excess beds in</p>
<p style="text-align: right;">Page 50</p> <p>1 know, if you are going to be looking at a new  2 project that flies in the face of the bed need  3 methodology, I think there has got to be a strong  4 rationale. I think for the purposes of determining  5 whether a new facility is necessary, the bed need  6 methodology could serve a useful purpose.  7 The second point that we have concerns the  8 use of a one size fits all standard, a 30 minute  9 drive time. The discussion that we were having was  10 that the 30-minute drive time might be appropriate  11 in a rural area. In a very dense market,  12 particularly in Chicago for example, a 30-minute  13 drive time doesn't make much sense.  14 So our suggestion was that we break that  15 requirement into two divisions. We have one for  16 urban markets and one for rural markets, and we  17 arbitrarily defined an urban market as any county  18 with a population of over 200,000 or any primary  19 service area with a population of 200,000 or more.  20 And I thought that that second distinction  21 was important because there is -- you have some  22 service areas that overlap from one county to  23 another. So where we decide to draw that line  24 ultimately is a matter of debate, but 200,000 I</p>	<p style="text-align: right;">Page 52</p> <p>1 Illinois we are not going to -- it is just  2 unrealistic to think that this one item is going to  3 solve that. There is no way that we can resolve  4 that discrepancy. So what we are trying to do is  5 figure out is there a realistic assessment of what  6 the usage is going to be within that market.  7 Now, for the rural markets we would use the  8 same methodology, do the same calculation, only use  9 a 30-minute drive time as the barometer for your  10 population calculation, and those two things, we  11 think, will complete the work of this subcommittee,  12 and we can ride off into the sunset in a blaze of  13 glory.  14 MS. CREDILLE: This is Cece Credille. I  15 just want to comment that really Mike Scavotto did  16 the bulk of this work. I want to thank him, and he  17 is moving on, but he really kept on this.  18 And it started with Eli, Mike and I, and  19 then it became just Mike and I, but Mike was very  20 instrumental in continuing to address the issues,  21 and these really were the two outstanding ones.  22 MR. SCAVOTTO: So thank you, Cece, but this  23 is open for discussion.  24 MR. FOLEY: This is Charles Foley.</p>

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<p>1 Are you then suggesting a market study, 2 then, that would basically give you all of this 3 information? 4 MR. SCAVOTTO: A market study would give you 5 a lot of this information. I think we recommended 6 a market study in another part of our report, but a 7 market study would give you this. 8 I mean, the whole -- the standard calls for 9 an indication that there is not going to be a 10 maldistribution of beds. So the idea of the use 11 rate would be if you are sitting there in a certain 12 market and you know your utilization, you already 13 know what your existing utilization per 1,000 is 14 albeit you might have an outdated population 15 forecast. If days per thousand are going down, 16 which is generally the case, and you have got an 17 application where your utilization is going up, you 18 have a disconnect that needs more review at the 19 staff level. 20 That would be -- that's the direction that 21 we're taking with this thing. A market study could 22 show you the same thing, but I think you would have 23 to have your market researcher specifically 24 commissioned to calculate the use rate because a</p>	<p>1 notes and everything that I hear, it looks well 2 thought through. The market study -- 3 MR. SCAVOTTO: Say that loudly. Project 4 when you say that. 5 MR. ROATE: The market study is something -- 6 Mike, if I may speak for the two of us, the market 7 study is something we have always thought would be 8 a good representation of that. 9 So, Mike, any comment? 10 MR. CONSTANTINO: I have been in favor of 11 the market study for quite awhile instead of the 12 referral letters, something that we would design 13 and require as part of the application. I have 14 been in favor of that. 15 MS. BURMAN: This is Claire Burman. In 16 terms of the market study, we had already discussed 17 the idea of having explicitly stated requirements 18 for the study. I think that is a very good idea. 19 My question is which review criteria would 20 this be put under? 21 MR. FOLEY: Need demand. 22 MS. BURMAN: We have talked about 23 unnecessary duplication and maldistribution. That 24 was one of the two sections that we are working on.</p>
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<p>1 lot of them don't do that. 2 MR. FOLEY: So if we do have a market study 3 as you said might come up in another part of your 4 discussion, if we are going to require a market 5 study, then I believe that we need to include, as 6 you just said, instructions as to what the market 7 study should exactly or specifically include 8 because you know there is market studies out there 9 and then there is market studies out there. 10 MR. SCAVOTTO: Some will do use rates, some 11 don't. 12 MR. FOLEY: So if you want use rates, then I 13 think we should have it outlined somewhere in the 14 application if they require a market study, 15 detailed components of what needs to be in that 16 market study. 17 MR. SCAVOTTO: I have no objection to that, 18 no. 19 MR. FOLEY: I'd like to hear from staff if 20 at all possible as to what their thoughts are on 21 this. 22 MR. SCAVOTTO: George is sitting over there 23 being real quite. 24 MR. ROATE: It looks -- I mean, from the</p>	<p>1 MR. SCAVOTTO: While you were talking, 2 Claire, Charles made the comment down here that a 3 market study would probably go under the demand 4 section, and you can extend it to this 5 maldistribution. 6 I agree with that. You and I have had this 7 discussion. I'm not going to leave without making 8 this comment. There is -- the semantics of 9 unnecessary duplication really bother me. It 10 implies there is necessary duplication, and I would 11 just love to see us get back to duplication. But 12 nonetheless, that's not going to happen. That and 13 fifty cents won't get me a cup of coffee. 14 MS. BURMAN: It is a term taken from the 15 statute. 16 MR. SCAVOTTO: I know. You know my position 17 on that. If it is in the statute, it doesn't mean 18 the statute can't be changed. 19 MS. BURMAN: Well -- 20 MR. SCAVOTTO: So anyway, the market study 21 can go in the demand section. 22 MS. BURMAN: Then how should the 23 maldistribution and unnecessary duplication 24 requirements be handled?</p>

<p style="text-align: right;">Page 57</p> <p>1 MR. FOLEY: The market study can be 2 referenced there. 3 MR. SCAVOTTO: I agree with that, what he 4 said. 5 Did you hear that? 6 The market study can be incorporated. You 7 can incorporate the data from the market study into 8 this section. 9 MR. FOLEY: Or just reference it, make 10 comments about it. 11 MS. BURMAN: Yes, maldistribution is then 12 even distribution of services. 13 MS. AVERY: This is Courtney. I'm 14 wondering, thinking out loud if the conclusion can 15 be reached from the review of staff if a market 16 study dictates either one of the two are needed. 17 MR. SCAVOTTO: Say that again. I'm not with 18 you. 19 MS. AVERY: The staff, when staff reviews 20 the application and a market study, could there be 21 a question that would address this; does the market 22 study dictate a maldistribution or unnecessary 23 duplication or neither. So is that a requirement? 24 MR. SCAVOTTO: You could do that, but I</p>	<p style="text-align: right;">Page 59</p> <p>1 planning area, that means that if you have ten 2 health care facilities and eight of them are in the 3 upper northwest corner and the remaining ones are 4 scattered, that is a type of maldistribution. 5 It is linked to the too many services, but this is 6 different kind of focus. 7 MR. SCAVOTTO: Well -- 8 MR. FOLEY: Claire, at the same time -- 9 excuse me, Mike. 10 MR. SCAVOTTO: Go ahead, Charles. 11 MR. FOLEY: Before I forget it because I 12 have a tendency of forgetting things real fast -- 13 see, I forgot already what I was going to say. 14 No, but Claire, on your suggestion there, if 15 you have a cluster of facilities in a specific 16 geographic area, that can mean one thing and one 17 thing only. That is because that's where the 18 population is. 19 Down here you may have no facilities at all 20 or just one, and that's only because there is no 21 bodies there. 22 So just because they're all clustered up 23 here, that really and truly does not represent a 24 maldistribution? I would not think --</p>
<p style="text-align: right;">Page 58</p> <p>1 would, I would hope we'd be more realistic than 2 that because right now we are looking at a 3 situation in the State of Illinois where we have 4 lots of excess beds, like over 20,000 excess beds. 5 So I don't think we should be trying to 6 solve that problem. We are not going to be able to 7 solve that problem. It is just massive. It 8 doesn't really matter how we got to a position of 9 having excess beds. It is huge. We are never 10 going to convince so many providers to go out of 11 business. 12 I think what you want to, I think what you 13 want to accomplish is whether or not there is a 14 realistic, realistic forecast of the utilization in 15 the area, and that's what -- you know, if you are 16 looking at maldistribution, the answer -- if you 17 looked at maldistribution in the context of the 18 number of excess beds right now, nothing would 19 happen. It is just there is just no way any new 20 project should be built. One could take that 21 position. I don't think you should. 22 MS. BURMAN: This is Claire Burman again. 23 In terms of maldistribution, if you take a planning 24 area and let's say you have a big square as a</p>	<p style="text-align: right;">Page 60</p> <p>1 MS. BURMAN: This is Claire again. It could 2 be the population issue that you just mentioned or 3 it could be because of a better payer mix in 4 certain -- 5 MR. FOLEY: That is what the market study 6 will determine. That's what -- you are absolutely 7 correct. That's what the market study will show 8 hopefully. 9 MS. BURMAN: If you require that as one of 10 the pieces that should be part of that study. 11 MS. AVERY: This is Courtney. I think it 12 would be because when you were saying that I was 13 thinking it could be there are facilities there, 14 but are there beds for Medicaid/Medicare which goes 15 to the payer mix. 16 MR. SCAVOTTO: Let's stay with Claire's 17 example for a minute. Tim, you can relate to this. 18 So let's say you have got a cluster in one of those 19 corners. You are coming in at about 15,000 days 20 per 1,000 population. You -- some guy, Jason, the 21 guy in the blue shirt comes along with an 22 application to put another facility up there and 23 his utilization is going to be 17,500 per thousand. 24 He is out of step with reality. Your market study</p>

<p style="text-align: right;">Page 61</p> <p>1 should show that, and it should trigger a comment 2 from the staff. 3 On the other hand, if Jason has got more 4 sense, he'd put his facility down in the area where 5 there is less competition, and it would be a more 6 targeted location. 7 MR. FOLEY: If the bodies are there. 8 MR. SCAVOTTO: If the bodies are there, 9 correct. 10 MR. FOLEY: Right. 11 MR. SCAVOTTO: We rest our case. 12 MR. FOLEY: But Mike, aren't you also 13 mentioning that you want to get rid of the 90%? 14 MR. SCAVOTTO: Well, 90% was out the last 15 time. For modernization and renovation the minimum 16 occupancy was dropped. I'm not aware that it's 17 back in. 18 MS. BURMAN: It is not. 19 MR. SCAVOTTO: Good. 20 MR. CHAIRMAN: Well, first of all, I want to 21 thank Mike and Cece for all of the work they have 22 done. It's been a tremendous amount of time and 23 effort put into a very, very difficult subject, and 24 I think they have done an incredible amount of work</p>	<p style="text-align: right;">Page 63</p> <p>1 I'm not saying, I'm not saying that there 2 aren't people that are capable of doing an internal 3 market study. I recognize that there are plenty of 4 places that can do a fine market study internally, 5 but what is going to get examined in the public 6 like this is, i think it needs to be independent. 7 MR. FOLEY: For transparency. 8 MS. AMIANO: This is Amiano. There are 9 certainly -- my company is one of them. We have 10 adequate internal resources. We do this for other 11 companies. 12 So there would be -- you know, I think it is 13 -- you can't set criteria on who you use. I think 14 the board's role is to set criteria for what 15 elements need to be evaluated and up to the 16 applicant to evaluate those in a manner that they 17 see fit rather than to dictate who does it. It is 18 really what is the data that you are looking for 19 and let the applicant figure out how they are going 20 to get that data. 21 Not all facilities are single site 22 facilities. You know, particularly over the last 23 several years there's been lots and lots of 24 consolidation, and there is many companies in the</p>
<p style="text-align: right;">Page 62</p> <p>1 with staff support, and wherever it goes, you know, 2 it will have a final destination. 3 But again, thank you to the two of you, and 4 Eli, you know, did start with the two of you. So, 5 again, on behalf of the committee I want to thank 6 you all for doing that. 7 MR. URSO: Thank Eli, too. 8 MR. CHAIRMAN: Thank Eli, too. I'm sure he 9 is listening. 10 MR. URSO: I have a question. Mike and 11 Cece, maybe you said this or from the documents, 12 but who would be doing the market study? 13 I think -- you know, is it a formal company 14 or would it be an internal marketing study? 15 Did you give any thought to that, and, you 16 know, what is the preference? 17 MR. SCAVOTTO: Let me go first. Cece can 18 respond on her own. But I don't see where there is 19 any credibility to an internal market study. It 20 needs to be independent, and I just, I just can't 21 see any public policy relying on internal data if 22 you want, if you want an independent analysis and 23 one that can be verified by your staff. That's my 24 thought.</p>	<p style="text-align: right;">Page 64</p> <p>1 State of Illinois that have the internal ability to 2 do this, so -- 3 MS. CREDILLE: This is Cece Credille. I 4 concur with Judy that you would have some people 5 who would need to hire from the outside and some 6 organizations would have the ability to meet the 7 criteria themselves. I agree that the Board, then, 8 we would need to, I don't know us, to review what 9 needs to be in the market study. I don't know how 10 this plays out. 11 MS. AMIANO: This whole thing might change 12 when we go to the next section of the conversation 13 here. 14 MS. BURMAN: This is Claire Burman again. I 15 don't know if anyone had the chance to read the 16 one-pager sent out with your materials, and under 17 overall consideration -- it is at the top -- there 18 is one fact that everybody remembers. That's we 19 have an excess of beds in Illinois. 20 Part of this also is -- and I guess we will 21 find out more when Judy gives her presentation on 22 buy/sell and development. There is a chance that 23 there will be some kind of moratorium in the 24 package. If that does happen, then the concerns</p>



<p style="text-align: right;">Page 65</p> <p>1 over these rules are minimized. You know, if it is  2 a full moratorium flat out, then we are not using  3 these rules. It just depends how that is going to  4 be structured.  5 So the other thing -- and I don't want to  6 rehash this, but I just want to remind you that  7 what I have learned from participating in these  8 meetings, and it's been a great learning experience  9 for everyone, was managed care is now in effect in  10 long-term care, and because of the way, if I am  11 understanding correctly, when a facility makes an  12 agreement with a managed care organization, the  13 referrals, the bulk of their referrals are going to  14 come from who they have agreements with. That's a  15 built-in referral source who can give you their  16 estimates of future referrals.  17 So I don't know if that is not true or if it  18 is more complicated.  19 MS. CREDILLE: Way more complicated.  20 MR. SCAVOTTO: I would say more complicated.  21 MS. BURMAN: Basically what we are trying to  22 find out from the applicant is how did you figure  23 out how many beds you are asking for, how did you  24 estimate that number, how did you estimate the</p>	<p style="text-align: right;">Page 67</p> <p>1 MS. BURMAN: This is Claire again. It is a  2 means of how you estimated your numbers, and it is  3 not a problem for everyone. You know, if you are  4 talking about hospitals as a main referral source,  5 it may be or may not be. They know how people are  6 disposed. They know where people go, so --  7 MS. CREDILLE: So back to Mike's comment  8 that we can use Medicare data from the hospitals.  9 That's not all inclusive, but that data is already  10 there in terms of referral sources in a community.  11 MR. SCAVOTTO: Agreed.  12 MS. BURMAN: Just one more thing. This is  13 Claire. Discharge planning is not based just  14 around Medicare. Yeah, they have a commission on  15 all the patients. They have full departments doing  16 this. They have for quite awhile. So that's all  17 that I am going to say.  18 MR. SCAVOTTO: Claire, I think Cece and I  19 are going to stick to our position on this. If you  20 want to use the hospital data, go ahead. That's  21 fine. Just recognize that it is a limited data  22 set. You get 25% of the admissions from a  23 facility, fine. Maybe you get 30. But, you know,  24 you are missing a large percentage of the</p>
<p style="text-align: right;">Page 66</p> <p>1 number of people that will be coming to you in a  2 year. That trickles down into when you figure out  3 how many and what kind of staffing that you are  4 going to need.  5 So sharing with the Board how you figured  6 this out, that's the bare bones of it.  7 MS. CREDILLE: This is Cece Credille. I'm  8 going to put on my hat of my job that I do on a  9 daily basis, and I work for HCR Manor Care, and I  10 have information from our organization. We operate  11 in 38 states, and this is the only state that  12 requires referral letters.  13 So letters, letters of support is what we  14 are accustomed to in working with and working with  15 whether it is a managed care organization,  16 hospitals, physician offices, home health agencies,  17 supportive living, whoever it is. The number of  18 agencies that letters of support are more  19 meaningful than referral letters, and as the health  20 care climate has changed with ACO's and managed  21 care contracts, the whole climate has changed.  22 So the concept of referral letters just  23 doesn't even work anymore quite honestly. We are  24 not doing it in any other state but this state.</p>	<p style="text-align: right;">Page 68</p> <p>1 admission, the admission experience of the  2 facility.  3 So at this point, at this point, I mean,  4 that's -- to me that's the way it is. We can't  5 change that. That's the business, and, you know,  6 if you look at referral letters from hospitals to  7 represent 100% of your patient population, that dog  8 ain't hunting.  9 MS. BURMAN: Excuse me, we don't ask for  10 hospital referrals, we ask for information from  11 your referral sources. That's the term, "referral  12 sources". It could be hospitals, it could be  13 social services, it could be people that live in  14 the neighborhood, you know, you could have a list  15 of people who know about your facilities.  16 Let's say you have more than one facility  17 and they think gee, it would be great. You know,  18 you took care of my mother. It would be great if  19 we had a facility from your operation but have one  20 located in our area because I have an aunt that is  21 going to be needing something soon. There is -- I  22 would assume you hear from people in the  23 communities.  24 MR. SCAVOTTO: Yes, you do.</p>

<p style="text-align: right;">Page 69</p> <p>1 MS. BURMAN: No?</p> <p>2 MR. SCAVOTTO: Yes, you do. You do hear</p> <p>3 from people in the community. You hear from them</p> <p>4 all of the time.</p> <p>5 MR. FOLEY: Can I make a comment? Charles</p> <p>6 Foley.</p> <p>7 Go ahead, Claire. I am sorry.</p> <p>8 MS. BURMAN: No, I was going to say that</p> <p>9 would be another type of information that would be</p> <p>10 useful in terms of showing how you ran into your</p> <p>11 estimate. You know, the question again is how did</p> <p>12 you estimate your numbers.</p> <p>13 MR. CHAIRMAN: It seems to me that in a</p> <p>14 demand market study you are incorporating all of</p> <p>15 this together.</p> <p>16 So a referral letter -- having been in the</p> <p>17 business maybe not quite as long as some but longer</p> <p>18 than most, a referral letter sometimes is just a</p> <p>19 phone call to someone in your Rolodex that says</p> <p>20 give me a referral letter because I'm doing X, Y</p> <p>21 and Z. It doesn't mean they will ever commit a</p> <p>22 resident to you, it just means they are doing you a</p> <p>23 favor of giving you a letter. It means nothing.</p> <p>24 A market study, to me, has a great deal of</p>	<p style="text-align: right;">Page 71</p> <p>1 the receiving end. I have been on the receiving</p> <p>2 end of that request, you know, can I write a letter</p> <p>3 of referral to support a CON application and really</p> <p>4 didn't, wasn't in a position to necessarily deliver</p> <p>5 on or couldn't commit that we would deliver.</p> <p>6 I mean, if it was the right thing we would</p> <p>7 deliver a referral, but if was not the right thing</p> <p>8 there was not a referral delivered. But I have</p> <p>9 been requested to write those letters.</p> <p>10 MR. CHAIRMAN: Thank you. Chuck?</p> <p>11 MR. FOLEY: I understand completely where</p> <p>12 Claire is, where she is actually coming from. A</p> <p>13 referral letter is not gospel. All it is is just</p> <p>14 simply an indicator. It gives somebody just an</p> <p>15 indication that there could be this number of</p> <p>16 potential referrals. It is not, it is not intended</p> <p>17 in any way, shape or form to be gospel.</p> <p>18 It is a way, it is a mechanism, as Claire</p> <p>19 has stated, to tell the planning board this is how</p> <p>20 we arrived at 120 beds versus 99 beds versus 150</p> <p>21 beds.</p> <p>22 I also agree with the fact that if we have a</p> <p>23 market study, a market study could, in fact, show</p> <p>24 the same information. So within a market study if</p>
<p style="text-align: right;">Page 70</p> <p>1 research to it and a quantitative determination of</p> <p>2 what will come through your doors.</p> <p>3 So I would certainly support and use</p> <p>4 Michael's term and Cece's term, support concept</p> <p>5 rather than referral concept because, again, I have</p> <p>6 been around a long, long time. I have called a lot</p> <p>7 of people asking for referral letters. It is</p> <p>8 nothing more than sometimes a favor to you without</p> <p>9 any commitment to follow through. For real.</p> <p>10 MS. BURMAN: Okay. Well, I speak from</p> <p>11 experience on the acute side. I have worked with</p> <p>12 hospitals for quite a long time.</p> <p>13 MR. CHAIRMAN: I can say health care in</p> <p>14 general is different than hospitals.</p> <p>15 MS. BURMAN: The hospitals that I was</p> <p>16 employed by did not handle it in that manner.</p> <p>17 MR. CHAIRMAN: That's my opinion. Certainly</p> <p>18 anyone else sitting around the table is welcome to</p> <p>19 share what they think.</p> <p>20 MR. FOLEY: This is Charles Foley. Sorry.</p> <p>21 Go ahead. Carolyn, want to say something? Go</p> <p>22 ahead, Carolyn.</p> <p>23 MS. HANDLER: This is Carolyn Handler. I</p> <p>24 can support, you know, Michael's comment about from</p>	<p style="text-align: right;">Page 72</p> <p>1 you are going to have an indicator, you are going</p> <p>2 to have to go to a hospital, that provider.</p> <p>3 I think it is -- you know, again, it is not</p> <p>4 a commitment in any way, shape or form. It doesn't</p> <p>5 have to be a hospital. It can be a group of</p> <p>6 doctors, it can be a local -- there is other</p> <p>7 referring agencies. I think the staff has received</p> <p>8 letters from different kinds of agencies, not just</p> <p>9 hospitals.</p> <p>10 Our office has never -- maybe I shouldn't</p> <p>11 use the word "never". Maybe once we had a problem</p> <p>12 of getting a letter, a referral from different</p> <p>13 sources, but by and large in general we have never</p> <p>14 had a problem in getting referral letters.</p> <p>15 We try to tell them that it is not a</p> <p>16 commitment. You can use a range of 1 to 3, 3 to 5</p> <p>17 per month, 5 to 7 per month, you can use the word</p> <p>18 "approximately". So thereby you are not -- the</p> <p>19 person writing the letter is not committing</p> <p>20 themselves that they are going to send that many</p> <p>21 patients to your facility each month.</p> <p>22 So it just depends on how you sit down and</p> <p>23 talk with that provider, whoever that provider may</p> <p>24 be. But again, if it is -- if we are going to have</p>

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<p>1 a market study and if we determine what needs to go 2 into that market study, all we are trying to do is 3 just reaffirm the Board's numbers anyway; that the 4 Board is saying there is a need or if there is not 5 a need, there is not a need because -- you know, 6 you are going to address an issue, say of 7 maldistribution, and we talked about this cluster 8 up here in this corner, that may mean there is not 9 a need for beds because you have got all these 10 facilities, but yet that may not be true either 11 because you have to look at each and every single 12 facility and see who they are, what they are doing. 13 If there is a cluster of private pays over 14 here and no private pay, then you have got access 15 issue, and that is how you document a variance 16 under that access issue. 17 So you can still go to a referral source and 18 say we need, you know, a referral from the 19 hospital, not a commitment of any way, shape or 20 form. I don't think that's a major issue. 21 MS. CUNNINGHAM: Hi. This is Kelly 22 Cunningham from Healthcare and Family Services, and 23 I certainly am coming from a different perspective 24 maybe than most everyone around the table, but</p>	<p>1 agree. I think Judy made the comment it may not 2 matter who does the market study. It is really an 3 interpretation of the data and in terms of the 4 state and the Board setting out what the 5 requirements are for the market study in terms of 6 qualifications because I think a market study, if 7 you don't have very strict parameters about the 8 data, about what you're measuring, how you are 9 calculating it, a market study can say about 10 anything you want it to. 11 MR. SCAVOTTO: That's true. 12 MS. CUNNINGHAM: And I do know that from 13 experience with the supportive living program. If 14 you set your catchment area very, very wide, you 15 can manipulate your market penetration rates. 16 MR. SCAVOTTO: You can justify anything. 17 MS. CUNNINGHAM: You can justify anything. 18 So I just wanted to sort of point out that I think 19 this whole concept of moving towards some concept 20 of a support letter, something that exhibits that a 21 relationship is there and that it is a positive 22 relationship and that it is less about a commitment 23 to a specific number of residents or individuals 24 being sent because I would think honestly even in</p>
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<p>1 there are just a couple of thoughts that I'd kind 2 of like to share about this. 3 In terms of the concept of support, I think 4 that that is something that would be very important 5 to, you know, include in any kind of application 6 process, especially given there's been a lot of 7 illusions to the changes in the long-term care 8 arena and health care arena now. 9 I think that the facilities or applicants 10 that are considering applying for new nursing home 11 beds or to build a new facility, I think there are 12 many more factors at play than the concept that the 13 referral letter was designed to address, take into 14 account. 15 Those might be things like the greater 16 availability of home and community-based services 17 in an area that are outside the realm of a 18 facility, the whole role of managed care and 19 coordinated care and the decisions that those 20 entities are going to make and how and for how long 21 individuals that are sent to long-term care 22 facilities are going to be in residence there. 23 I also think, too, it is really important 24 this whole concept of the market study, and I would</p>	<p>1 the hospital world with just all of the changes in 2 health care, that that has to be a very difficult 3 position for any provider in health care to make 4 right now. 5 MR. CHAIRMAN: Yes? 6 MR. GAFFNER: Alan Gaffner. The market 7 study would be a very valuable and objective tool. 8 I think there is great credence for what they 9 propose. 10 I do not believe that we should overlook the 11 importance, however, of the subjective data that 12 does come either under the umbrella of a letter of 13 referral or a letter of support in that. 14 We all know that there are many factors both 15 objective and subjective that will determine the 16 ultimate success of any facility expansion or a new 17 one. 18 So certainly the objective data from the 19 market study, although it would indicate that the 20 numbers are there, that does not indicate that 21 facility will ultimately be filled if there are 22 some underlying factors that will not allow it to 23 be successful in the marketplace. 24 The other thing that I would caution us</p>

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<p>1 about is not to rely heavily on what managed care 2 is going to do to the long-term care community when 3 we are simply standing, waiting for that train to 4 arrive.</p> <p>5 Yes, we know it is coming, but unfortunately 6 the managed care concept in the state has not 7 proven to be successful. Those of us that have had 8 acute care experience know that those managed care 9 entities fled the state, threw up their hands, said 10 can't do it.</p> <p>11 So although we know it is coming, it is 12 going to certainly come more quickly in urban areas 13 and less quickly in rural areas. I don't believe 14 that we can model it on what all other states are 15 doing. I think we should take a very deliberate 16 approach and look at what is being done well and 17 not well in other states.</p> <p>18 But Illinois is very unique in that it has a 19 very large urban concentration very far north, and 20 it has a very rural concentration in other areas 21 where managed care is going to get to likely much 22 less quickly. They will not be able to be a good 23 indicator of what is going to happen from a 24 referral standpoint.</p>	<p>1 MR. CHAIRMAN: I guess at this point of the 2 discussion I'm getting confused. When I am trying 3 to flip back in my mind, I think we are all saying 4 the same thing. We all agree that there needs to 5 be some documentation that demonstrates how we 6 arrived at our numbers. Whether it is a market 7 study that incorporates support letters or a market 8 study that incorporates referral letters, we are 9 all saying the same thing.</p> <p>10 Are we not? Am I missing something?</p> <p>11 MR. GAFFNER: This is Alan Gaffner. The 12 only reason I said what I did contrasting objective 13 and subjective, I thought and perhaps 14 misunderstood, that some were suggesting that 15 either the referral letters would go away or that 16 that would no longer be part of the process.</p> <p>17 I would not support incorporating of the 18 full blown market study would be done at the 19 exclusion of those other types of justifications.</p> <p>20 MR. SCAVOTTO: Support letters always 21 welcome.</p> <p>22 MR. GAFFNER: But I think there can be value 23 -- excuse me. Go ahead, Mr. Chairman.</p> <p>24 MR. CHAIRMAN: I don't know how you can do a</p>
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<p>1 I'm not discounting at all what you have 2 suggested, Mike. I think it has good staff support 3 and has importance, but I want to not bank too 4 heavily on managed care and not overlook the 5 importance of subjective data as well. That's why 6 we have staff, and that's why we have the 7 nine-member board. Those skill sets and talents 8 come together, sort through all of this and end up 9 with the final product. Thank you.</p> <p>10 MR. FOLEY: Very well said. 11 Mr. Chairman?</p> <p>12 MR. CHAIRMAN: Yes, sir.</p> <p>13 MR. FOLEY: This is what even Kelly was 14 saying. Our own application form does specifically 15 state, provide letters from referral sources, 16 parenthesis, hospitals, physician, social services 17 and others.</p> <p>18 So you can go to other agencies. It does 19 not have to even be a hospital because there are, 20 in fact, other referral sources out there.</p> <p>21 So I still think that as an indicator of 22 need, I still believe at least that something 23 should be provided either in a separate letter with 24 any application or even part of the market study.</p>	<p>1 market study without the inclusion of support 2 letters or referral letters. That's a key piece of 3 a market study.</p> <p>4 Michael, am I wrong?</p> <p>5 MR. SCAVOTTO: No, I think we are saying the 6 same thing, although I think for -- in our parlance 7 we were thinking that a support letter would be a 8 better characterization than a referral letter. 9 You are not going to get it all with referrals.</p> <p>10 MR. CHAIRMAN: So Michael, what do you need 11 from us to move forward?</p> <p>12 I want to make sure we have enough time for 13 Judy and her report and her committee to report.</p> <p>14 MR. SCAVOTTO: As far as I'm concerned you 15 have got our report, and I would add to it today 16 Charles' comment on the market study.</p> <p>17 I would -- you know, we are circling the 18 wagons on this thing as we did the last couple of 19 meetings. I think vote it up or vote it down.</p> <p>20 MR. CHAIRMAN: So unless someone has 21 something else that they want to add to this 22 discussion, because I think we are going in circles 23 right now -- we are basically in agreement with 24 what is being said.</p>

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<p>1 I would like for a motion to accept the</p> <p>2 report from Michael and Cece that incorporates two</p> <p>3 changes to what was previously done.</p> <p>4 Michael, do you want to make a motion since</p> <p>5 it is coming from your --</p> <p>6 MR. SCAVOTTO: Well said. I make that</p> <p>7 motion.</p> <p>8 MR. CHAIRMAN: Will someone second it?</p> <p>9 MS. CREDILLE: I second it.</p> <p>10 MR. CHAIRMAN: Okay.</p> <p>11 MR. FOLEY: You going to have discussion?</p> <p>12 MR. CHAIRMAN: The motion is basically to</p> <p>13 accept Michael's report.</p> <p>14 MS. AVERY: Which report?</p> <p>15 MR. CHAIRMAN: The one he just gave an hour</p> <p>16 and a half ago.</p> <p>17 MS. AVERY: So to get rid of letters of</p> <p>18 referral, put in market studies overall?</p> <p>19 MS. BURMAN: Incorporate it into the market</p> <p>20 study.</p> <p>21 MS. AVERY: We will have to get rid of that</p> <p>22 and then put it into the market study.</p> <p>23 MR. CHAIRMAN: Sorry. Say it again.</p> <p>24 MS. AVERY: We will have to get rid of that</p>	<p>1 industry where you would do -- there were market</p> <p>2 studies that were done for the bankers and making</p> <p>3 the real decisions and market studies done to give</p> <p>4 to the planning board. Every market study ever</p> <p>5 submitted founded a need for.</p> <p>6 So if you are going to do that market study</p> <p>7 kind of thing, you know, some people are thinking</p> <p>8 about is this an independent thing, is it going to</p> <p>9 be basically an argument for that. It makes a</p> <p>10 difference.</p> <p>11 The other is others can probably give you a</p> <p>12 better estimate, but if you are going to look for</p> <p>13 an independent market study that's good, you know,</p> <p>14 you may be talking 20, \$30,000 to do that.</p> <p>15 So that, you know, you may want to consider</p> <p>16 for the community do you want -- if you are wanting</p> <p>17 a market study that's worth anything, it is going</p> <p>18 to add 20 or \$30,000 to the price of that and, you</p> <p>19 know, whether or not you want to do that.</p> <p>20 MR. CHAIRMAN: But you are talking about</p> <p>21 multi-million projects. To build a nursing home</p> <p>22 you are talking about millions of dollars, so</p> <p>23 20,000 is nothing. So I don't have a problem with</p> <p>24 that. I don't.</p>
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<p>1 section and then make sure it is spelled out in the</p> <p>2 market study.</p> <p>3 MS. BURMAN: Before we revise it, we will</p> <p>4 essentially get rid of it.</p> <p>5 MR. CHAIRMAN: Michael, did you hear what</p> <p>6 was being said?</p> <p>7 MR. SCAVOTTO: I think so. I think I could</p> <p>8 paraphrase it maybe a little differently.</p> <p>9 Courtney, I think we are suggesting that the</p> <p>10 market study be incorporated into the demand</p> <p>11 sections of the application.</p> <p>12 MR. CHAIRMAN: Yes, sir.</p> <p>13 MR. OURTH: Joe Ourth. A couple things on</p> <p>14 the market study.</p> <p>15 As Mike Constantino probably remembers,</p> <p>16 twenty years ago. It was not uncommon to have</p> <p>17 market studies as part of that. Then what would</p> <p>18 happen is you get the market study, everyone would</p> <p>19 take the good part of the market study out and</p> <p>20 leave all of the rest of it, Xerox it, submit the</p> <p>21 good stuff, and then Mike and others started saying</p> <p>22 no, if you are going to give us a market study, you</p> <p>23 need to give us the whole market study.</p> <p>24 there became a little bit of a cottage</p>	<p>1 MR. FOLEY: Well, Mr. Chairman, I understand</p> <p>2 what Joe is saying. Joe is absolutely correct.</p> <p>3 Our intent originally was try to keep the initial</p> <p>4 cost for an applicant down to a minimum until such</p> <p>5 time when he got a permit.</p> <p>6 Twenty, \$30,000 up front plus an application</p> <p>7 fee up front, you are talking before an application</p> <p>8 can be filed and depending on the size of the</p> <p>9 project, you could be talking \$100,000 on up, okay?</p> <p>10 You also have the option on the land that</p> <p>11 has to be included in that cost. There are going</p> <p>12 to be some attorney's fees, going to be other fees.</p> <p>13 So we are talking about a substantial amount of</p> <p>14 money.</p> <p>15 However, still supporting a market study and</p> <p>16 understanding where Joe is coming from because what</p> <p>17 he said was absolutely correct, if we could --</p> <p>18 maybe a market study is the wrong word to use also.</p> <p>19 -- but if we can have a document that could</p> <p>20 incorporate certain aspects that are usually found</p> <p>21 in a market study, that would help, you know, to</p> <p>22 determine the need further.</p> <p>23 Maybe that's what is needed so that we can</p> <p>24 keep that cost down of a market study so it is not</p>

<p style="text-align: right;">Page 85</p> <p>1 20, 30, 40. I have seen them up to \$75,000, you 2 know, for a market study. 3 What increases the cost of a market study is 4 if one has to go out and do a lot of legwork. When 5 you are in Chicago and you have got a planning area 6 where you have got competition within 15 miles or 7 within 15 minutes you have got 40 facilities, and 8 you go out and you got to do an assessment on each 9 and every single one of those facilities, you are 10 jingling a lot of money. 11 MR. SCAVOTTO: You are really looking at 12 demand. 13 MR. FOLEY: Absolutely correct. You have 14 got profiles give you a lot of that information 15 that is usually also in terms of a facility 16 analysis. That's all right in the profiles. We 17 don't have to have that kind of a market study. 18 MR. SCAVOTTO: Don't have to do the secret 19 shopper routine. You look strictly at demand. 20 MR. FOLEY: That is absolutely correct. So 21 if we are going to have a market study, we need to 22 define what a market study is going to include. 23 MR. CHAIRMAN: All right. Chuck, hold on. 24 Frank?</p>	<p style="text-align: right;">Page 87</p> <p>1 determination? 2 MR. CHAIRMAN: I think what Courtney is 3 asking, Judy, if you are going to build a new 4 facility, how, where, what are you going to start 5 with? 6 MR. FOLEY: Bed need. If there is bed need 7 in a planning area, that's where they start. 8 MR. CHAIRMAN: Hold on. 9 MR. FOLEY: I'm sorry. My apologies. 10 MR. CHAIRMAN: I'm not going to allow you in 11 Springfield anymore. 12 MS. AMIANO: So, you know, clearly we would 13 go through some of the same machinations that are 14 being talked about here in terms of what is, what 15 is needed in the marketplace, you know, what needs 16 are being unmet in that market place, how might we 17 fill them in. 18 I will go back to the referral or support 19 letters. They are, I would just say, absolutely 20 useless. We would never do those just for internal 21 because we know what the marketplace is, and it is 22 an exercise and a lot of time that doesn't yield 23 you anything because there is no guarantee of those 24 at all. It is all about relationships and types of</p>
<p style="text-align: right;">Page 86</p> <p>1 MR. URSO: Mr. Chair, maybe if this 2 subcommittee is accepting the report of 3 Mr. Scavotto and Cece, maybe staff can then step 4 back, take a look at what has been proved and then 5 maybe come up with some parameters and some 6 verbiage that could be incorporated into the demand 7 section if that's where everyone thinks it should 8 fit and then, you know, put that on the table and 9 have this committee discuss it at the next meeting 10 or something. 11 MR. CHAIRMAN: Michael, as the lead in this 12 are you okay with that? 13 MR. SCAVOTTO: Yeah. 14 MR. FOLEY: One more meeting, Michael. 15 MR. SCAVOTTO: That's sufficiently vague to 16 be workable. 17 MS. AVERY: This is Courtney. I just want 18 to know a little bit of a snapshot. 19 When providers or owners of a facility are 20 looking to expand beds, add beds, discontinue beds, 21 whatever, what is used in lieu of? 22 Is it a strategic planning document or is it 23 a market study that's kept internally? 24 What do providers use to make the</p>	<p style="text-align: right;">Page 88</p> <p>1 services that you provide. 2 So I would just add one more layer that I 3 would support that we go away from those, but we do 4 look at, you know, what is the population, what is 5 the age banding of the population. 6 That is not as specific as it used to be, 7 though, because now with managed care we get a lot 8 younger people as I'm sure Cece does in her company 9 as well. 10 So the dynamics keep changing. You know, it 11 used to be a three-day stay and deal with 12 hospitals. We have several of our places that have 13 waivers on that. We have direct admits from ER's. 14 So all of the rules keep changing, and so 15 that part is very difficult. 16 MR. URSO: You have to keep in mind that you 17 have to justify -- 18 MS. AMIANO: We always have to justify. We 19 have a board. 20 MR. URSO: Let me finish. You have to 21 justify, however you come up with your decision, 22 you have to justify it to the Health Facilities and 23 Services Review Board, and they may be looking at 24 it differently than your board, of course, because</p>

<p style="text-align: right;">Page 89</p> <p>1 your board is going say are we going to make money 2 or is it going to be successful, you know, whatever 3 the parameters. 4 MS. AMIANO: That would not be our first 5 question but -- 6 MR. URSO: I don't know if it is, but I'm 7 thinking that your board would be looking at it 8 differently than the Health Facilities and Services 9 Review Board which has to take a look at need and 10 access to care and unnecessary duplication and 11 things along that nature which may be different and 12 I think would be very different than what your 13 board, your banker, your supporters would be 14 looking at. 15 So something needs to come into the mix when 16 you present the package to the Board, to the Health 17 Facilities and Services Review Board, how do you 18 justify this to them. 19 We are not going to be looking at it the 20 same way your internal strategies, you know, would 21 look at it and your business plan and your 22 documents to the bank and your board. 23 MS. AMIANO: Right, although many elements 24 would be very similar.</p>	<p style="text-align: right;">Page 91</p> <p>1 MR. FOLEY: I think that it was a little bit 2 of expense, and it was also a little bit of every 3 market study -- because what would happen, every 4 market study would cherry pick all the right 5 materials to show that, and so I think it was a 6 combination that it kind of fell away. It was 7 always optional. 8 MS. AVERY: Even with the cost minimum on a 9 multi-million dollar projects, that that would go 10 against what the Board is charged with on another 11 aspect with cost. 12 I was wondering if people were saying these 13 market studies cost us too much, you are supposed 14 to be about cost containment but you are adding 15 another level, and this is going to cost us 16 probably up to \$75,000 extra. 17 MR. OURTH: I don't remember all of the 18 reasons it fell away. 19 MS. AVERY: Okay. Thanks. 20 MR. CHAIRMAN: Steve, your client base, how 21 do you feel about this whole discussion about 22 market studies and costs and investment, all that 23 good stuff? 24 MR. LAVENDA: Sure. This is Steve Lavenda.</p>
<p style="text-align: right;">Page 90</p> <p>1 MR. URSO: Yes, I agree. 2 MS. AMIANO: You know, no one wants to build 3 an unsuccessful project. I think everyone does 4 their best to be -- to do their proper diligence to 5 be sure you are going to be successful. 6 Now, is that at the cost of another 7 provider? It may be, and that goes into 8 innovation. 9 What does the market want? What does the 10 consumer want? Where should the consumer be in 11 this conversation? 12 We have very different inventory in the 13 State of Illinois, and I think that was one of our 14 initial premises of this committee is how do we 15 move forward and allow for innovation and trying to 16 update inventory and trying to meet the needs of 17 the consumer of today. So we are all challenged by 18 this. 19 MS. AVERY: My second part, of course, I was 20 a toddler 20 years ago, but did providers welcome 21 the market study? 22 What happened that it went away? 23 Do you know why we changed to a letter? 24 MR. OURTH: Mike, you were around then.</p>	<p style="text-align: right;">Page 92</p> <p>1 You know, most of our clients have not built any 2 new places in quite some time. I mean, I can think 3 of one in the last ten years. Mostly the clients 4 who we deal with are in the acquiring mode. They 5 are -- you mentioned consolidation before. I think 6 the thing to build a new facility currently is just 7 so expensive that people are just acquiring new 8 facilities and modernizing them. 9 If you build a new facility, looking at it 10 from a Public Aid rate standpoint, the most that 11 you can get is close to \$50,000 a bed for your 12 reimbursement basis whereas the actual cost of 13 building one is well over 120,000 per bed. A huge 14 disparity there. 15 If the goal of this committee is to help 16 serve the Public Aid population, you know, 17 something has to be done on the reimbursement end 18 to encourage new construction. 19 MS. AVERY: And the \$120,000 fits into not 20 just the actual room but the overall facility? So 21 if you have whatever amenities, fancy ice cream 22 shops, waiting rooms, things of that nature? 23 MR. LAVENDA: If you are going to go that 24 route, it may be a little bit higher. I have not</p>

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<p>1 looked at it in awhile.</p> <p>2 Also, don't forget that at one time you</p> <p>3 could build a 250-bed facility and maybe the cost</p> <p>4 per bed would be a little bit less, but I believe</p> <p>5 most of the projects now have to be 200 beds or</p> <p>6 under. So that cost per bed is going to go up.</p> <p>7 MS. AVERY: I understand totally that you</p> <p>8 have to have those amenities outside of the room in</p> <p>9 order to attract people to want to come there. Got</p> <p>10 to have some kind of attraction.</p> <p>11 MS. LAVENDA: Even from what we see, urban</p> <p>12 area homes have done an awful lot the last number</p> <p>13 of years to modernize or make their facilities more</p> <p>14 attractive.</p> <p>15 I mean, I see it because one of the things</p> <p>16 that we do is we file for rate increases based on</p> <p>17 their capital improvement spending, and I know that</p> <p>18 our homes we are filing about 40 or 50 of these a</p> <p>19 year. I know we are not the only firm doing it.</p> <p>20 So I know there are homes out there that are</p> <p>21 investing, you know, in their property.</p> <p>22 Now, some of it the last two years has to do</p> <p>23 with the sprinklers, but, again, it is not --</p> <p>24 again, I see a lot of this. It is not all</p>	<p>1 MR. CHAIRMAN: And if no one has any</p> <p>2 objections, then I would propose that we take</p> <p>3 Michael's and Cece's suggestion, give it to staff,</p> <p>4 let them incorporate it into some language and</p> <p>5 bring it back to our meeting and then take a 15 or</p> <p>6 20-minute lunch break and then let Judy and her</p> <p>7 group go to town.</p> <p>8 MS. AMIANO: Even a five or ten-minute break</p> <p>9 if people need to get something.</p> <p>10 MS. AVERY: Are you all going out for lunch?</p> <p>11 Did you order lunch in?</p> <p>12 MR. FOLEY: There is no place to order from.</p> <p>13 MR. SCAVOTTO: No, we didn't order anything.</p> <p>14 MR. CHAIRMAN: Do you want to take a</p> <p>15 ten-minute potty break, phone break and stand up,</p> <p>16 stretch, then those that are eating lunch, we will</p> <p>17 work through lunch? I'm fine with that, too.</p> <p>18 MS. AVERY: I apologize. Next time we will</p> <p>19 have a menu there in the beginning to order from.</p> <p>20 MR. CHAIRMAN: So we will --</p> <p>21 MR. GAFFNER: May I ask a question as to</p> <p>22 what we are recommending to staff?</p> <p>23 Does that include their consideration of the</p> <p>24 letter of referral issue, or is that not part of</p>
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<p>1 sprinklers. It is some of the things that Courtney</p> <p>2 just mentioned, you know, the ice cream shops or</p> <p>3 the theaters or the barber beauty, just things to</p> <p>4 make it a little more home like.</p> <p>5 But certainly the new construction, most of</p> <p>6 our clients have shied away from it.</p> <p>7 MR. CHAIRMAN: How much time do you need for</p> <p>8 your --</p> <p>9 MS. AMIANO: Depends how much discussion</p> <p>10 there is.</p> <p>11 MR. CHAIRMAN: I want to make sure you have</p> <p>12 enough time.</p> <p>13 MS. AMIANO: A lot of it dovetails.</p> <p>14 MR. CHAIRMAN: Unfortunately -- if we were</p> <p>15 in our usual mode, you know, then there wouldn't be</p> <p>16 a time that we are up against. Today we are up</p> <p>17 against 1:30, right?</p> <p>18 So I would like to then take Frank's</p> <p>19 suggestion and put this back -- Michael and Cece,</p> <p>20 this is incredible work -- give it back to staff,</p> <p>21 let them kind of redesign it.</p> <p>22 For the purpose of the court reporter, would</p> <p>23 you recognize that Bill Casper has joined?</p> <p>24 (Bill Casper now present.)</p>	<p>1 it?</p> <p>2 MR. SCAVOTTO: Yes, it is part.</p> <p>3 MR. GAFFNER: So they would be considering</p> <p>4 whether to let them remain or to remove them; is</p> <p>5 that correct?</p> <p>6 All right. Thank you. I was getting an</p> <p>7 explanation from Michael. You couldn't hear it.</p> <p>8 Thank you.</p> <p>9 MR. CHAIRMAN: Anyone have any problem with</p> <p>10 what we are suggesting?</p> <p>11 (No response.)</p> <p>12 MR. CHAIRMAN: Not hearing any, then we will</p> <p>13 take a ten-minute break.</p> <p>14 (A lunch break was taken.)</p> <p>15 MS. AVERY: Okay. We are ready. I have got</p> <p>16 it.</p> <p>17 MR. CHAIRMAN: Okay. We are going to -- we</p> <p>18 are turning the meeting over to Judy and her group</p> <p>19 or just Judy?</p> <p>20 MS. AMIANO: Well, I think we will all</p> <p>21 participate, so thank you.</p> <p>22 First I want to acknowledge the team</p> <p>23 members. Tim Phillippe has been participating, and</p> <p>24 we are glad to see you back.</p>



<p style="text-align: right;">Page 97</p> <p>1 MR. PHILLIPPE: Thank you.</p> <p>2 MS. AMIANO: Cece and then Bill Casper and</p> <p>3 myself. So the four of us have met several times</p> <p>4 in person and by phone. And really to put it in</p> <p>5 context, our goal was to be able to maybe put these</p> <p>6 together in a way that we could move forward</p> <p>7 because we seemed to be rather circular over the</p> <p>8 last few years in some of these issues that we were</p> <p>9 stuck on.</p> <p>10 So what you will hear from us today is</p> <p>11 probably nothing earth shattering, but we tried to</p> <p>12 put it within a context that when you see the</p> <p>13 whole, folks might be able to have maybe a</p> <p>14 different picture of it then get stuck on each</p> <p>15 little point.</p> <p>16 I think what we'd like to do is walk through</p> <p>17 the document that you have in front of you, and we</p> <p>18 will just maybe hold questions to the end so we</p> <p>19 don't get knotted up on any one singular issue</p> <p>20 until we have a chance to go through it.</p> <p>21 So if you turn to page 2, we really start</p> <p>22 our first section saying let's go back to the</p> <p>23 beginning; what problem is it that we are really</p> <p>24 trying to solve here.</p>	<p style="text-align: right;">Page 99</p> <p>1 how do you build new. It all goes back to</p> <p>2 innovation and how do we provide residents in the</p> <p>3 State of Illinois new and better services given</p> <p>4 some of these constraints.</p> <p>5 That was just kind before we get into a</p> <p>6 discussion let's all agree on this piece. I just</p> <p>7 wanted to share with you that was our framework</p> <p>8 that we started with as we went forward.</p> <p>9 I will tell you that the four of us are not</p> <p>10 in complete agreement with everything that you will</p> <p>11 see here, but we believe that it is important</p> <p>12 enough that we put it together this way so that it</p> <p>13 gives the group an opportunity to weigh in and each</p> <p>14 of us to learn from one another and be able to move</p> <p>15 this forward.</p> <p>16 So flipping over to the kind of the decision</p> <p>17 tree, if you will. So the buy/sell, I think the</p> <p>18 group has pretty well agreed based on the last</p> <p>19 couple of meetings that buy/sell is the way that we</p> <p>20 want to go.</p> <p>21 So we are saying if we implement buy/sell,</p> <p>22 if a decision -- would you guys mind muting on your</p> <p>23 side for a minute? There is a lot of background</p> <p>24 noise.</p>
<p style="text-align: right;">Page 98</p> <p>1 As you can see with the sides of the bubble</p> <p>2 so to speak, the thing that we tried to keep</p> <p>3 centralized -- I think one of the original people</p> <p>4 on this group. How many years has it been?</p> <p>5 So four years that, you know, one of our</p> <p>6 major charges was how do we allow for innovation in</p> <p>7 the State of Illinois given all of the other</p> <p>8 concerns that we have in the long-term care field.</p> <p>9 We also were looking at access. So we know</p> <p>10 that access for the poor is an important issue and</p> <p>11 how do we ensure there is proper access throughout</p> <p>12 the state.</p> <p>13 This bubble should be bigger, but the excess</p> <p>14 bed is probably the 100-pound elephant in the room</p> <p>15 or 1,000-pound elephant in the room.</p> <p>16 I went back to my original notes. Job</p> <p>17 creation was one of the other things, although that</p> <p>18 probably has become more minor over time, but</p> <p>19 generation of construction and new jobs was one of</p> <p>20 the special interest groups that were originally</p> <p>21 represented.</p> <p>22 Then this whole notion of lack of capital.</p> <p>23 There is no funding, you know, there is not enough</p> <p>24 money in the system to recapitalize what is there,</p>	<p style="text-align: right;">Page 100</p> <p>1 So the group talked through that for some</p> <p>2 reason and decided buy/sell was a no, then this</p> <p>3 group should really disband. That would be our</p> <p>4 recommendation because we are not -- we won't be</p> <p>5 able to move forward.</p> <p>6 MS. AVERY: The work group or the</p> <p>7 subcommittee?</p> <p>8 MS. AMIANO: Probably the broader group.</p> <p>9 MS. AVERY: Remember, it is more than</p> <p>10 buy/sell you all are charged with.</p> <p>11 MS. AMIANO: We know that, so --</p> <p>12 MS. AVERY: So don't disband.</p> <p>13 MS. AMIANO: It was just a strong point.</p> <p>14 How do we get change? How do we get off the dime?</p> <p>15 So if the answer is yes, our recommendation</p> <p>16 would be that we implement a freeze on the</p> <p>17 long-term care beds. When we went through all of</p> <p>18 the ramifications of what that meant and what the</p> <p>19 existing variances are that are allotted to</p> <p>20 providers in the state, we decided to kind of get</p> <p>21 rid of all the variances with the exception of CCRC</p> <p>22 and the religious exemption.</p> <p>23 That was based off of, you know, in talking</p> <p>24 with Claire. There's been very little in that</p>

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<p>1 bucket anyway, and so it didn't seem to upset the</p> <p>2 apple -- why upset that apple cart if it is not</p> <p>3 being utilized type of thing. So that variance is</p> <p>4 in there.</p> <p>5 So if you move onto the next page, you know,</p> <p>6 --</p> <p>7 MR. CASPER: I think the other element of</p> <p>8 that, implementing a freeze, we have had a lot of</p> <p>9 discussion about that and came really to the</p> <p>10 conclusion that just about every state we looked at</p> <p>11 with a buy/sell program had a freeze in place, and</p> <p>12 if there was not a freeze, then there really was no</p> <p>13 reason for people to buy or sell beds, and it</p> <p>14 really then dodged the entire bullet of the excess</p> <p>15 bed issue.</p> <p>16 MR. URSO: Do you mean a moratorium? Is</p> <p>17 that the same thing?</p> <p>18 MS. AMIANO: Moratorium and freeze.</p> <p>19 I will tell you that all of us -- and we represent</p> <p>20 different groups -- went to our various groups and</p> <p>21 are in 100% support of this particular piece of our</p> <p>22 recommendation. So coming from providers that's</p> <p>23 big. That was a big step.</p> <p>24 MS. AVERY: Can you tell me the groups?</p>	<p>1 terms of geography in the buy/sell.</p> <p>2 We also tried to think about, you know, what</p> <p>3 are we doing with the excess bed issue, and there</p> <p>4 are a couple -- you will see a couple of</p> <p>5 recommendations in here on how to start to begin to</p> <p>6 address that piece of it.</p> <p>7 One would be in the buy/sell program provide</p> <p>8 for a premium, if you will. So if I am selling</p> <p>9 beds, that I have to give 15% back to the state</p> <p>10 with any of those transactions, and it would be on</p> <p>11 the sell side of things is what we talked about for</p> <p>12 that.</p> <p>13 Does that make sense?</p> <p>14 So we went through all these issues on what</p> <p>15 do you do with rounding and then said, you know,</p> <p>16 kindergarten rules apply. If it is --</p> <p>17 MR. CASPER: I thought they were tax rules.</p> <p>18 MR. LAVENDA: We can ask Steve. I don't</p> <p>19 know.</p> <p>20 MR. CHAIRMAN: Judy, just to make sure I</p> <p>21 understand, if I sell 100 beds, I have to give 15</p> <p>22 of those back to the state, take them out of --</p> <p>23 MS. AMIANO: In addition. So however you</p> <p>24 want to think about that.</p>
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<p>1 MS. AMIANO: We have a consensus on that</p> <p>2 issue.</p> <p>3 MS. AVERY: What was the groups, Cece -- I'm</p> <p>4 sorry, Judy?</p> <p>5 MS. AMIANO: Pardon?</p> <p>6 MS. AVERY: Which group?</p> <p>7 MS. AMIANO: Went through Leading Age,</p> <p>8 Illinois Health Care.</p> <p>9 MS. AVERY: Okay.</p> <p>10 MR. LAVENDA: What about HCCI?</p> <p>11 MS. AMIANO: They are not in this work</p> <p>12 group.</p> <p>13 So we will kind of keep on. So in terms,</p> <p>14 you know, kind of how do we get there, what does it</p> <p>15 look like if we implement the buy/sell and we have</p> <p>16 a moratorium in place, our recommendation would be</p> <p>17 to buy beds without restrictions of geography.</p> <p>18 We talked about and looked at that, and</p> <p>19 several of us work in multiple states. So, you</p> <p>20 know, some of that very early research that was</p> <p>21 done, some places restricted it, some places</p> <p>22 didn't. It looked like it was effective with no</p> <p>23 restriction. So our recommendation would be let's</p> <p>24 go in open minded and not have restrictions in</p>	<p>1 MR. CHAIRMAN: Or sell 100, then 15 back to</p> <p>2 the state on top of that or sell 85 and 15 back?</p> <p>3 MS. AMIANO: However you want to think about</p> <p>4 that, but the state gets 15% with any transaction</p> <p>5 back and standard rounding rules apply. MR.</p> <p>6 OURTH: Fifteen percent of 85 would not 15. I</p> <p>7 can't do that math in my head but -- MS.</p> <p>8 CREDILLE: Other states have had similar kinds of</p> <p>9 programs.</p> <p>10 MS. AMIANO: I want to say if you guys want</p> <p>11 to take off mute now that all of the lunch papers</p> <p>12 are done. We don't want to exclude you guys from</p> <p>13 the conversation.</p> <p>14 so keeping on through this, one of the other</p> <p>15 concerns was access. So when we looked at this, we</p> <p>16 said well, how do we begin to address that if</p> <p>17 buy/sell is going only go in the marketplaces that</p> <p>18 it is certain payer that is being sought.</p> <p>19 So we looked at it and said what if we</p> <p>20 offered that for anything that triggered over 100</p> <p>21 beds, because sometimes it is smaller, with smaller</p> <p>22 facilities to be able to survive on the Medicaid</p> <p>23 rates in the State of Illinois, but 100 seems</p> <p>24 reasonable because you have got enough density, if</p>

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<p>1 you will, that anything that was over 100 beds 2 licensed facility at 20% of them at a minimum would 3 have to be certified for Public Aid. 4 We also said implementation. I know there 5 has been a lot of conversation around, you know, do 6 we pilot this in certain areas. We said, you know, 7 that's probably a recipe for disaster. If we do 8 it, we jump straight in and do it immediately and 9 do it statewide. That is our recommendation on 10 that. Moving to the next page, we have had a 11 lot of conversation around how does this get 12 started, who pays the price. Price will be 13 dictated by the market. We will just let the 14 marketplace do that. The states where they -- 15 in our evaluation the states that tried to impose 16 metrics around that seemed to falter a little bit. 17 So let the market reign. 18 For those of us that have experience in 19 multiple states, we didn't find where folks were 20 way on one end, way on the other. It tends to 21 migrate to market and that we would look at that 22 happening. 23 On the CON review process, what does that 24 look like if you have a buy/sell? So it really</p>	<p>1 So we tried to take some of that into 2 account here. We said, you know, really that if 3 you don't put a shovel in the ground in 18 months, 4 then those beds all come back to where they came 5 from. 6 MS. AVERY: Part of it -- this is Courtney. 7 Sorry. Part of it with new construction is that 8 someone can purchase beds to establish a new 9 facility? 10 MS. AMIANO: Yes, we have to buy them from 11 someone somewhere without restriction to geography. 12 MS. AVERY: But you still have to look at 13 the need formulas? 14 MS. AMIANO: Let me keep going. Let me keep 15 going. We will go back to that. 16 So the next page is -- you know, the big 17 elephant in the room is what do you do to get 18 unused beds out of service, and that's really an 19 elephant. 20 This is one point we don't have agreement 21 within our group necessarily, but we put this forth 22 as a recommendation acknowledging that there has to 23 be a mechanism at some point in time get these 24 mechanism at some point to get the 20,000 extra</p>
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<p>1 would be very expedited. So a transaction between 2 parties would be, you know, essentially a 60-day 3 review, but things that would fall into a more 4 substantive type of review would be anything that 5 was a new facility. 6 We define new facility as any project that 7 adds beds where none currently exist. So it wasn't 8 really by size or anything like that. If you are 9 putting brand new beds somewhere, that's going to 10 get a more substantive review than if you are just 11 modifying, adding, deleting through the buy/sell 12 program. 13 We talked about, you know, when, if Cece 14 sells beds to me, when do I own them, what does 15 that look like in that transaction. 16 So we really felt that the CON review 17 process was the determinate for that. So once you 18 were awarded within that 60-day time frame, then 19 that's when the actual transaction would happen. 20 We also talked about, you know, how -- what 21 would happen if people tried to hoard beds type of 22 thing. And we have all kinds of conversation 23 around that; how do we legislate to the lowest 24 common denominator.</p>	<p>1 beds out of inventory because the whole bed need 2 formula doesn't currently make sense with all the 3 excess beds. 4 So if we were being very honest, then, you 5 know, we would recommend that the department 6 implement rules regarding how long you can, the 7 operator can have beds without operating them. 8 So we would make that as a recommendation. 9 So all of the beds that are out there that are not 10 in service, how do you begin to do that? 11 We talked about perhaps offering a premium. 12 So that, for example, in the first 24 months if we 13 implement the buy/sell program, that providers at 14 the end of 24 months would be at risk of losing 15 some of their licensed beds if they didn't sell 16 them. 17 So at the end of 24 months if you are below 18 the 80% occupancy, which the state's average is 19 what, 79%, right? 20 MS. AVERY: Seventy. 21 MS. AMIANO: So we talked about establishing 22 a threshold. 23 How do you get buy/sell starting to work? 24 What is going to motivate people to do that</p>

<p style="text-align: right;">Page 109</p> <p>1 if they are at risk of losing some of those beds or  2 making a profit off of those beds in that 24  3 months?  4 That would be an excellent way to kick start  5 the program. It would be risk free for the  6 providers, and it would help to start shuffling  7 this process.  8 So, you know, we talked about we have got  9 80% in there as a number. So if you are below 80%  10 occupancy, then you might be at risk of losing 10%  11 of the beds that are above that down to the 80%  12 level type of thing.  13 So, you know, it would force people to look  14 at what are the licenses that they have that are  15 not being used and do I sell them to another  16 operator or do I risk them being called back by the  17 state at some point in time.  18 So we looked at that as something as a  19 biennial or every other year type of process. You  20 have kind of a two-year window of time because the  21 acknowledgment if you are running a Medicare  22 population, that can be wildly fluctuating, you  23 know. But a two-year period of time is a good  24 period of time to look at an average of occupancy</p>	<p style="text-align: right;">Page 111</p> <p>1 About the time it was muted, I think the  2 question was asked about the provider constituency  3 and their support. I believe I heard it indicated  4 that IHCA had either weighed in or approved, and  5 then the question was asked what about HCCI. I  6 didn't hear an answer on that. And then I would  7 also just ask about the Council on Long-Term Care,  8 if they have weighed in as well, please.  9 MS. AMIANO: They were not part of the  10 subcommittee, so we were just referencing that the  11 participants on this went up the flag pole with  12 their, who they were representing.  13 MR. GAFFNER: I know this is my first  14 meeting here today.  15 Am I, then, assuming that since those two  16 groups which comprise almost 50% of the Medicaid  17 beds have not seen or been exposed to this, this is  18 going on the table today and it is not an action  19 item?  20 MS. AMIANO: It was just a work group of the  21 committee, and we were reporting back on  22 recommendations not too dissimilar, Alan, to what  23 Mike and Cece presented. It is just a subgroup to  24 try and, try and take some of these concepts and</p>
<p style="text-align: right;">Page 110</p> <p>1 and to start to address that.  2 Then our last point which is not new to  3 anyone is that the bed need formula needs to be  4 revised but for four different reasons that you  5 will see here.  6 If we implement buy/sell, if we implement  7 the fall back, then fundamentally the existing  8 formulas, we are going to create artificial demand.  9 When you start to take beds out of service  10 occupancy is going to come up to 90% when it would  11 have been 70 before. So, you know, does that make  12 sense, then?  13 So the whole bed need formula we believe  14 needs to be evaluated in the context of if you do  15 buy/sell, if you are doing a retrieval of excess  16 beds, then you have to revisit the entire bed need  17 formula.  18 Bill or Tim, did you want to add anything?  19 MR. PHILLIPPE: That was a great summary.  20 Very well put together. Thank you.  21 MR. CHAIRMAN: I will open the floor up to  22 questions from anybody or comments.  23 MR. GAFFNER: Thank you, Mr. Chairman. This  24 is Alan Gaffner.</p>	<p style="text-align: right;">Page 112</p> <p>1 work them through and think them through without  2 all of the -- I don't know what word I want to use  3 here.  4 This is your first meeting, you know, and it  5 has been challenging on any singular one of these  6 concepts to be able to move it forward, either to  7 accept it or reject it. It's been in inertia for  8 some period of time. It was really an effort from  9 the last meeting we had, a group of us that just  10 said let us just see if we can work on this and  11 come back and talk about it.  12 This is really just a discussion. This is  13 not a motion for accepting in totality or anything  14 like that. It was really just meant as if we put  15 all of these disparate things together and put it  16 to see where -- this is gave and take. It is -- as  17 I said, not all of us agree with every aspect  18 that's in here, but we agree it is important enough  19 to bring it forward to say if it looked like this,  20 maybe we didn't quite get it right, but it is a  21 place to start where it puts some of these very  22 touchy subjects all together.  23 MR. GAFFNER: Great. That's a helpful  24 explanation because I have been attempting to</p>

<p style="text-align: right;">Page 113</p> <p>1 follow the work from the sidelines and stay as 2 current as I could about where things were, and 3 then I know this was passed out this morning. 4 Great. I have a greater comfort level with 5 that because I would not have supported our 6 consideration of an action item when we have 7 obviously a very large constituency that have not 8 seen or made comment about the document. 9 I can really appreciate where the work group 10 went similarly to what Mike and his work group had 11 done earlier. I think that makes great sense, but 12 I don't believe there would be logic in moving 13 forward without some input from those two groups. 14 The only other thing I would add at this 15 point is I do not support the moratorium concept 16 even if the buy/sell program moves forward. I 17 think Illinois has some unique differences from the 18 other states that would not be in the best 19 interests of the long-term care residents we serve, 20 especially, again, speaking about rural areas. 21 Thank you. 22 MR. SCAVOTTO: Do you want to clarify what 23 those would be, what those unique characteristics 24 for Illinois would be like?</p>	<p style="text-align: right;">Page 115</p> <p>1 MR. GAFFNER: I have not thought through 2 that part it, Mike, whether it is going to prop up 3 the price, but I think to say that there is no 4 opportunity for beds to be used or to put in place, 5 if I'm understanding the moratorium concept 6 correctly, that it could only be done through bed 7 buy/sell and not by authorization of the full 8 nine-member committee, I have concerns about that. 9 MR. SCAVOTTO: Okay. All right. 10 MR. PHILIPPE: Can I just join in? 11 I remember a discussion we had at the last 12 meeting or two meetings ago where the new bed need 13 numbers came out, and what I remember is there 14 actually is very little bed need across the state 15 as a whole already anyway. 16 MR. SCAVOTTO: That's right. That's right. 17 MR. PHILLIPPE: I'm thinking maybe one or 18 two places, but the state as a whole, very little 19 bed need using the formula. 20 So the more practical issue with this is 21 that it forces people to buy or sell because what 22 would be confusing is if you could go to the Board 23 where there is no bed need and still justify a 24 reason to build which is happening today. It's</p>
<p style="text-align: right;">Page 114</p> <p>1 I would like to know what they are. 2 MR. GAFFNER: Sure. One of those that I 3 would begin with as a driving force in where we are 4 with this is centered on the state's very low 5 Medicaid rate. I mean, that is bundled into part 6 of where we were today. 7 Secondly, I think Illinois has historically 8 been challenged to have an accurate bed inventory 9 as it relates to areas. 10 Thirdly, as I mentioned earlier, I think the 11 state's unique geography and population 12 distribution makes it very difficult not only from 13 long-term care service but in others where you do 14 have high concentration pockets of population and 15 then largely rural areas. 16 So those are three things that I see that 17 would differ from a number of other states that 18 don't encompass a state that is almost 300 miles 19 long from north to south and have those population 20 discrepancies. 21 MR. SCAVOTTO: So does the -- let me follow 22 up on this, please. This is Mike Scavotto. 23 Does a moratorium, does the presence of a 24 moratorium prop up the price?</p>	<p style="text-align: right;">Page 116</p> <p>1 happened in the last few years. There is no 2 official bed need, but it is approved anyway. 3 Doing that would really confuse the whole process. 4 MS. GILES: I was just wondering how the 5 group, how implementing a moratorium, if the group 6 had considered what that does to the price per bed, 7 and I was actually thinking when I was framing that 8 question in my head thinking about the rural 9 providers who some of them may -- it would just add 10 to their cost where they might be able to get beds 11 through the normal process. 12 MR. GAFFNER: If I can go back a minute. In 13 trying to review some of the comments from the 14 August meeting, I would reference those made by 15 John Florina. I thought he made some good points 16 relative to occupancy levels and total bed counts. 17 I think that we cannot lose sight of the 18 fact that an excess bed is not a problem from the 19 standpoint that it is an excess bed because all of 20 us as providers today know that an excess bed does 21 not increase the cost of the Medicaid program. If 22 it is a staffed bed it does, but if it is not a 23 staffed bed, there is no cost. 24 So -- and, John, you know, I wasn't there in</p>

<p style="text-align: right;">Page 117</p> <p>1 the context of what you referenced in August other  2 than I think we need to make sure the bed buy/sell  3 program is also addressed from a universe of all  4 these things regarding the overall census occupancy  5 level throughout the state as well as what really  6 occurs in the harm of an excess bed and with that,  7 then, what will be the demand.  8 I think, John, that was one of the things  9 that I really was taken by that you commented which  10 was trying to look at the future need that's going  11 to occur in Illinois or at least that's what I was  12 catching from the written word on the page. If  13 that is not what you were trying to say, I  14 misinterpreted.  15 But what is going to be long-term planning  16 need, and if we reduce these beds, what really does  17 that do from a delivery position standpoint?  18 MR. FLORINA: This is John. Just real  19 quick. Alan, I think you read my comments  20 appropriately, at least as far as -- there is a lot  21 of questions that I had more than answers of this  22 whole thing. Some of them go back to, you know,  23 why do we have an excess bed situation now. Do we  24 know the cause of it to know why we need to address</p>	<p style="text-align: right;">Page 119</p> <p>1 excess of beds. We'd continue in the same loop  2 that we're in.  3 MS. AMIANO: This is Amiano. One of the  4 premises that we worked off of was the fact that we  5 were given which was all beds --  6 MR. CHAIRMAN: Claire?  7 UNIDENTIFIED: Can the person who has got  8 paper --  9 MS. BURMAN: Thank you.  10 MS. AMIANO: So when we started, when we  11 said in our work group we had some data from staff,  12 that was a map that was entirely red with the  13 exception of just a couple of handfuls, two, three,  14 four, I can't remember, but it was not -- the map  15 was exceptionally red, and red was an indication by  16 this state's current formula of overbedding. So it  17 was statewide pretty much with a couple of pocket  18 exceptions.  19 So, again, it was just one of the  20 foundational documents we had in trying to address,  21 you know, if we do have so much excess inventory,  22 how -- what is a process. There is no current  23 process for working excess beds out of inventory.  24 That was our premise.</p>
<p style="text-align: right;">Page 118</p> <p>1 it? You know, secondly, what is, you know, what is  2 the future need?  3 And one thing we have always been wrestling  4 with here even before the subcommittee dealt with  5 it is where are the so-called unused beds, and why  6 can't we find a way to get them out of the  7 inventory if they are not being used?  8 You know, those are some of the key points.  9 All these details in here are very helpful for  10 discussion, but they go one direction versus  11 another, and we may not all have the same opinion  12 of them.  13 MS. CREDILLE: Well, the current occupancy  14 in the state -- this is Cece Credille -- somewhere  15 between the number 75 and 78%.  16 So if, if there was some mechanism and  17 unoccupied beds went back to the state today but we  18 maintained the current bed need formula, then there  19 would be a need for more beds.  20 I mean, the bed need formula is counter to  21 -- if we gave beds back today and the current bed  22 need formula was in place, then we would -- and  23 there is no moratorium, then more buildings would  24 be built all over the place, and we'd have this</p>	<p style="text-align: right;">Page 120</p> <p>1 MR. CHAIRMAN: Mike?  2 MR. SCAVOTTO: Tim, go ahead.  3 MR. PHILLIPPE: This is Tim Phillippe. Two  4 things. One is that we talk about the price which  5 is a very good question, you know, because it would  6 cost to buy beds to be able to build new. That  7 would add to the cost of the project we talked  8 about earlier today.  9 So that is partly -- that is probably the  10 biggest reason we went statewide because as Mike  11 said earlier, if we have 20,000 unused beds and it  12 is statewide, we have a lot of unused beds to be  13 sold, potentially could be sold, and with this  14 two-year kind of deal, you are going to lose them  15 if you don't. It motivates people to sell them.  16 That should push the prices down.  17 The second point is really the unused beds  18 do not cost the state. They may -- I agree they  19 don't cost the state, but they create a policy  20 problem.  21 So there are locations where, because people  22 have downsized the staff number, their census is  23 lower. Their census may be running 80% or lower.  24 However, there is not access for people into that</p>

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<p>1 market who need beds. So there is not good access 2 because people have artificially downsized the size 3 of their building, but if you run the numbers their 4 census is low so it says there is no need. 5 It all has to do and is really driven by the 6 desire on payments to have more private pay and 7 Medicare versus Medicaid. This doesn't happen in 8 every area, but it does happen across the state. 9 MR. SCAVOTTO: Question. 10 MR. CHAIRMAN: Beyond the issues we have 11 talked about forever is that owners are reluctant 12 to give you the correct number of beds because 13 licensed beds is probably securing their loans. 14 So even though they may be operating with 20 15 fewer beds, they need to maintain the license 16 number because it is securing collateral for their 17 borrowing. Otherwise, why would you pay bed tax on 18 a bed that is ultimately unoccupied or may not be 19 in existence? But yet they won't come forward with 20 those numbers. 21 MR. CASPER: This is Bill. We had some 22 discussion about that. I think, I can't remember, 23 we need some additional research because there are 24 many examples of states that have policies in place</p>	<p>1 MR. SCAVOTTO: So Judy, we will give it to 2 Judy or Bill or Cece. 3 MS. AMIANO: What was the question? 4 MR. SCAVOTTO: I forget. When we, when we 5 first started talking about buy/sell, my 6 recollection was that it was an optional program. 7 The operators who wanted to move beds could sell 8 them, people who wanted to hang onto them could 9 keep them. 10 I read this a little differently. I may be 11 reading it incorrectly. I read this as that there 12 is a grace period in which you can move your excess 13 beds without paying a penalty. 14 So there is a real incentive to take excess 15 beds and redistribute them; is that correct? 16 MS. AMIANO: We tried to put some incentives 17 in place to help get the program and start it and 18 to incentivize folks who have excess beds. 19 So yes, it is a -- yes, there were premiums 20 or incentives built into our recommendations. 21 MR. CASPER: Let me address that also. 22 I think there were -- quite frankly, this is the 23 element of this that is sort of beyond pure 24 buy/sell that we don't have full agreement among</p>
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<p>1 where if you have you an unstaffed, unoperated bed 2 that's not being operated can only be in place for 3 a certain period of time before the license gets 4 extinguished. Lending rules in this state can't be 5 so different from other states that that is a true 6 statement. 7 So again, it may be collateral, but the real 8 test of your financing is whether you are making 9 your payments or not. 10 MR. CHAIRMAN: Definitely agree. 11 MR. CASPER: I think some more research 12 needs to be done to that. 13 MR. SCAVOTTO: I have a question, Tim. My 14 recollection is when we were first talking about 15 the buy/sell program was that it was something that 16 owners could do, they could take advantage of. 17 What I am reading about this one is a little 18 bit different. If you have got excess beds, you 19 have got 24 months to move them or start paying a 20 penalty. 21 MR. PHILLIPPE: I'm not the right person to 22 answer that because I did not attend those 23 meetings. I was having my bones chopped off about 24 that time, so that came up later.</p>	<p>1 the folks that were on the small subcommittee, but 2 I think as I, as we thought about it, it has been 3 mentioned as an elephant in the room. 4 There are really two elephants in the room 5 in this entire issue. One is the Medicaid rate in 6 this state, and I don't think that's within our 7 ability to do anything about. 8 And the other is the number, the bed 9 inventory is so skewed in relation to the bed need 10 formula by the fact of this unquantifiable number 11 of beds that are not currently being operated in 12 the system. 13 We know there is access issue. That's maybe 14 largely a factor of the Medicaid rate. We know 15 there is no bed need anywhere in the state. That 16 may only be a factor of the fact that there is beds 17 that are out of service and we don't know how many 18 there are. 19 So the more we talked about it, the more we 20 came to some consensus that something -- we all 21 know about the Medicaid rate, but it is not part of 22 this even the Health Facilities and Services Review 23 Board purview. The total number of beds is 24 something that can be addressed by policy within</p>

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<p>1 the scope of what this subcommittee is able to make 2 recommendations about.</p> <p>3 MR. SCAVOTTO: So it sounds -- I'm not 4 finding any fault with that, I just want to make 5 sure I was reading it correctly. Sounds like I am.</p> <p>6 But I would also like to say that I think 7 this group ought to be commended for putting this 8 on the table. They did a good job with a tough 9 issue, and I know Cece and I can relate from our 10 experience with the work group that it sometimes 11 takes awhile get the stuff out on the table. I 12 think you did a great job, and it is a place to 13 start. I can't imagine this could be much better.</p> <p>14 MS. AMIANO: I appreciate that comment. We 15 tried to be mindful and thoughtful of various 16 different interests in this process, and we are 17 probably certain this is not perfect, but it is a 18 place we can say can we conceptually kind of agree 19 with this and work through what all the nits are.</p> <p>20 MS. AVERY: This is Courtney. Judy, anybody 21 else that worked with the work group, give me an 22 idea of the discussion behind the new construction 23 concept, because I think from the start pretty much 24 said that should not be an option in this program.</p>	<p>1 have our small house in Illinois being constructed 2 right now. That's been going on for what, ten, 3 maybe more years in other places.</p> <p>4 So we just have not had that ability due to 5 some of the constraints in the State of Illinois.</p> <p>6 MS. AVERY: But I think that the single room 7 concept is what got us into this with the access 8 beds because facilities decided to convert those 9 rooms but never took the beds, two or three in a 10 room, out of the inventory.</p> <p>11 MS. AMIANO: There are at least some of us 12 that are supporting the notion that the state would 13 take those back at either -- I mean, our 14 recommendation is to be evaluated, maybe set a time 15 frame.</p> <p>16 There is probably 100 different ways to go 17 about it, but we thought if we went to the buy/sell 18 and we implemented a moratorium, while there is a 19 moratorium the moratorium doesn't mean the industry 20 is static, it means that it is now going to move 21 through this buy/sell program.</p> <p>22 So you are still going to have all of those 23 beds, but they might be recast in a different way 24 as people are buying and selling them. But we just</p>
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<p>1 MS. AMIANO: Yeah, I think it was really 2 more around some of the special interest groups who 3 were at the table who new construction led to new 4 jobs.</p> <p>5 I don't think the group is making a 6 recommendation for wholesale new construction. 7 We'd like to have that opportunity obviously 8 through the innovation piece of it because I think, 9 you know, we do -- you know, Illinois is behind. 10 You know, we don't have the types of services for 11 our residents that many of the other states do, and 12 that's a reality. So that's something that we 13 shouldn't be very proud of.</p> <p>14 MS. AVERY: When you say programs, do you 15 mean like the innovative care or something like the 16 bed sale?</p> <p>17 MS. AMIANO: I mean it more around the 18 physical plant issues.</p> <p>19 MR. URSO: Can you give some examples?</p> <p>20 MS. AMIANO: I think the movement towards 21 all private rooms. You know, we just came back 22 from a national conference, and, you know, I mean, 23 the type of buildings that are happening in other 24 places are not happening in Illinois. We just now</p>	<p>1 wouldn't award any more through the current 2 process. So you just freeze that up, and it forces 3 this other one to start to work. But it is going 4 to take some incentive and stuff to get people to 5 feel comfortable doing that.</p> <p>6 MR. CASPER: Courtney, of the things we 7 clearly didn't address here but we talked about was 8 the fact that if it was merely adding to an 9 existing building it would be an expedited review, 10 but that if it was a new, totally new building or 11 building of beds where there were no skilled -- we 12 were adding to the system, that would require full 13 review so that you could --</p> <p>14 Again, we didn't say what criteria we 15 applied, but we would hope there would be 16 innovation, and we would hope there would be 17 certain other criteria involved around.</p> <p>18 MS. AVERY: We have said innovation a couple 19 of times. That's how this all started. You know, 20 we wanted to bring this group together to get it 21 back and write rules to have innovation, and then 22 the bed sell exchange popped into the picture.</p> <p>23 So I'm still not seeing the innovation part 24 of it. It will come to me, I'm sure.</p>



<p style="text-align: right;">Page 129</p> <p>1 MR. CHAIRMAN: Did you incorporate existing</p> <p>2 rule of 10 beds or 20%, or are you saying that rule</p> <p>3 goes away?</p> <p>4 MS. AMIANO: That is the CCRC variance, and</p> <p>5 that --</p> <p>6 MS. AVERY: No, it is different.</p> <p>7 MS. AMIANO: Oh, oh, ten beds, I'm sorry.</p> <p>8 MR. CASPER: We talked about that, and we</p> <p>9 felt that this would replace that.</p> <p>10 MR. CHAIRMAN: So that rule goes away.</p> <p>11 MS. CUNNINGHAM: I just -- this is Kelly</p> <p>12 Cunningham in Springfield. I just wanted to</p> <p>13 address Courtney's point. I just had this pop in</p> <p>14 my head.</p> <p>15 In terms of this proposal as innovation, I</p> <p>16 think as much as anything this is sort of about</p> <p>17 rightsizing, you know, maybe this particular</p> <p>18 profession, and I think that can be looked at as</p> <p>19 something that's very innovative.</p> <p>20 MR. FOLEY: What is innovative again? I</p> <p>21 didn't catch that.</p> <p>22 MS. CUNNINGHAM: May be some rightsizing. I</p> <p>23 mean, it is some reallocation. It is -- you know,</p> <p>24 I think there are a number of, you know, pretty</p>	<p style="text-align: right;">Page 131</p> <p>1 exist.</p> <p>2 MR. OURTH: Judy, a question. What role</p> <p>3 does the Review Board play in this? What is the</p> <p>4 standard?</p> <p>5 Okay. You have an application. If there is</p> <p>6 already a buy/sell in place, is the Board supposed</p> <p>7 to look at that, or is that a forgone conclusion</p> <p>8 that it happened and sold, or is there any real</p> <p>9 review criteria role for the Board in this kind of</p> <p>10 transaction?</p> <p>11 MS. AMIANO: We probably didn't get down</p> <p>12 into nits of that, but based on it being an</p> <p>13 expedited review, it was check the box, did it meet</p> <p>14 certain things in terms of, you know, governance</p> <p>15 and those kinds of things.</p> <p>16 MR. CASPER: Ownership suitability, nature</p> <p>17 of expedited.</p> <p>18 MS. AMIANO: That kind of thing, but, you</p> <p>19 know, that could be another avenue that it reduces</p> <p>20 workload of the Board by having that in a very</p> <p>21 expedited fashion because then it really becomes a</p> <p>22 marketplace type issue.</p> <p>23 MR. CHAIRMAN: We had always talked about we</p> <p>24 would want to make sure that a buyer was not</p>
<p style="text-align: right;">Page 130</p> <p>1 complex things incorporated into this proposal. I</p> <p>2 think at the heart of it really it does speak to</p> <p>3 making some significant changes to the bed need</p> <p>4 formula itself, but I think that many of the ideas</p> <p>5 in this are very innovative and not that maybe it</p> <p>6 creates something brand new but it makes something</p> <p>7 more appropriately sized.</p> <p>8 MS. AMIANO: Let me add, I think as we were</p> <p>9 thinking about it, you know, you don't -- I guess</p> <p>10 the way we were thinking, and I will speak for the</p> <p>11 group, is when you are buying a bed, you are not</p> <p>12 doing that to replicate exactly what it was. You</p> <p>13 are wanting to do something new and different with</p> <p>14 it.</p> <p>15 So we came from the framework of you are not</p> <p>16 just going to buy it just to replicate exactly what</p> <p>17 it was, that it becomes something new. You know,</p> <p>18 this gives people the ability to do that, you know,</p> <p>19 whether you are transferring within your ownership</p> <p>20 or, you know, you are moving them around in the</p> <p>21 marketplace, you are building some new inventory,</p> <p>22 you are doing all those things. So by the virtue</p> <p>23 of buying it, the new owner has a desire for</p> <p>24 something for that bed that didn't previously</p>	<p style="text-align: right;">Page 132</p> <p>1 operating with deficiencies. That has been</p> <p>2 discussed over the time period. So I assume that's</p> <p>3 part of your check box thing?</p> <p>4 MS. AMIANO: Well, that was suitability of</p> <p>5 the buyer.</p> <p>6 MS. AVERY: This is Courtney again. I'm</p> <p>7 still kind of stuck on new construction. When you</p> <p>8 all meet, again, take it into consideration. I'm</p> <p>9 pretty sure that whatever beds have been sold is</p> <p>10 going to, again, increase the cost of the facility</p> <p>11 I was purchasing.</p> <p>12 How do I finance that I'm buying these beds</p> <p>13 and demonstrate that I have the capability to</p> <p>14 finance the purchase of the beds and the overall</p> <p>15 construction project?</p> <p>16 I'm not asking for an answer today, just to</p> <p>17 think about because, again, we have heard --</p> <p>18 MR. PHILLIPPE: That's true.</p> <p>19 MS. AVERY: -- within the group and outside</p> <p>20 of the group that if we change anything on our</p> <p>21 documents, it will cost us an extreme amount of</p> <p>22 money. I can't quote. I think it was like</p> <p>23 \$100,000 or something to change those documents for</p> <p>24 the financing of it.</p>

<p style="text-align: right;">Page 133</p> <p>1 MR. CHAIRMAN: We had an attorney at one of  2 the meetings who said that if you change the  3 collateral, that to rewrite the loan documents  4 could be upward of 50,000. I have heard people  5 laugh and say it is outrageous, but he did say it.  6 MR. LAVENDA: One other thing mentioned, the  7 leases. Sometimes the lease is based on number of  8 licensed beds also. So if you are going to change  9 the number of licensed beds, the landlord is going  10 to be getting less money potentially because they  11 are leasing out based on what their license is. I  12 don't know how many homes there are in the state  13 that have these.  14 MR. CASPER: The landlord is owner of the  15 beds. The landlord would have to be the seller.  16 MS. AMIANO: Right, not the operator, the  17 landlord.  18 MR. LAVENDA: I can tell you there are  19 landlords that aren't going to.  20 MS. AMIANO: Then they don't have to  21 buy/sell. It is optional.  22 MS. AVERY: So I'm a facility operator. I  23 lease the building from you or beds from you?  24 MS. AMIANO: But he owns the bed.</p>	<p style="text-align: right;">Page 135</p> <p>1 MS. AVERY: Which would require a CON. So  2 that's a catch-22.  3 MR. PHILLIPPE: Judy, this is Tim. I think  4 we did talk about it briefly, if most of my memory  5 is not gone in the last few weeks, because it came  6 up as more of a practical discussion. If you have  7 a building that's operating with 70 beds, you are  8 not just walking away from the beds, you are  9 walking away from the building.  10 So it is more of a practical issue. How  11 often is somebody going to actually walk away from  12 an investment that's full?  13 It doesn't seem like it would come up very  14 -- it would come up rarely maybe but --  15 MR. LAVENDA: I think it comes up. It comes  16 up every now and then. I was looking through the  17 inventory thing. I think there was three homes in  18 here that they mentioned they just closed the  19 facility.  20 MS. AVERY: County owned facility, do you  21 remember?  22 MR. LAVENDA: I think one may have been, and  23 the other two were for profits that the owner was  24 not able to sell, and they just decided to close</p>
<p style="text-align: right;">Page 134</p> <p>1 MS. AVERY: But you own the bed?  2 MR. LAVENDA: I own the building, I own the  3 real estate.  4 MS. AVERY: Okay.  5 MR. LAVENDA: But I'm not operating. The  6 license is with the --  7 MS. CREDILLE: But the lease agreement is  8 based on number of beds being operated.  9 MR. LAVENDA: Some of them. The ones that I  10 have seen, that's what it is based on.  11 MS. AMIANO: It is a good thought for  12 consideration.  13 MS. GUILD: This is Ann Guild. For a  14 facility that is selling the beds, did you talk at  15 all about whether they should be able to sell other  16 beds effectively closing their facility or whether  17 this was strictly aimed at, you know, selling some  18 20, 40, whatever, some useful number of beds for  19 like a modernization project or something that  20 someone was willing to purchase for?  21 MS. AMIANO: I don't think we thought about  22 that, but if they wanted to sell all of them, they  23 would sell all of them and go down the path of  24 closing the facility.</p>	<p style="text-align: right;">Page 136</p> <p>1 them. They walked away.  2 MR. CASPER: In which case those beds go  3 somewhere else. But you are right, closure would  4 have to go through a CON process.  5 MR. GAFFNER: This is Alan Gaffner. Excuse  6 me. Steve?  7 MR. LAVENDA: Can I point out one other  8 thing you probably didn't think about with  9 reimbursement with the cap rate for nursing homes?  10 Anytime, you know, you file for one of these  11 capital changes, they look at what the current bed  12 amount of beds is, and if your number of beds have  13 gone down, the first reaction of the reviewer is to  14 reduce the building reimbursable building costs  15 based on number of beds that it went down.  16 So you have to jump through this hoop to let  17 them know that you actually didn't stop using part  18 of the building, but that, you know, you just  19 reduced the number of beds.  20 I'm just saying that there is -- you have to  21 be careful with this. I understand what is going  22 on here, but in the process of this there is a  23 danger of lowering everyone's capital rate. As we  24 discussed, the Medicaid rates in the state are low</p>

<p style="text-align: right;">Page 137</p> <p>1 enough. There would have to be some type of thing 2 in there to make sure that capital rates wouldn't 3 go down. 4 MR. AMIANO: So we have Mr. Foley sitting at 5 the table hearing this. So that's one of those 6 unintended consequences that could happen for us so 7 that people weren't harmed. 8 MR. LAVENDA: I know in our office would 9 write something like that. I don't know if other 10 people filing these are really aware that there is 11 a remedy. You know, just show them the floor plan 12 of the place and before and after that you really 13 are not, not using part of the building. 14 MR. PHILLIPPE: Mr. Chair? 15 MR. CHAIRMAN: Yes, sir. 16 MR. PHILLIPPE: Could I -- the task force, 17 the work committee actually was useful, efficient 18 with Judy's leadership because we sort of took the 19 steps one at a time. So we kind of started and 20 worked through it. I would encourage actually the 21 full subcommittee to do that because otherwise we 22 will bounce around between different topics. 23 For example, the core, you know, the idea of 24 taking beds away after two years or giving up or</p>	<p style="text-align: right;">Page 139</p> <p>1 taking the beds away after two years. 2 MR. FOLEY: We have only got eight minutes 3 to do that. 4 MR. PHILLIPPE: We can start it at the next 5 meeting. 6 MR. CHAIRMAN: We have about seven minutes, 7 and before we adjourn I certainly want to thank 8 Judy and the rest of the committee for doing an 9 incredible job. 10 Those of you that have been around know that 11 we have talked about these subjects for months, if 12 not years, and I think your document has put things 13 into perspective, and for that we are grateful. 14 Clearly there needs to be a little more 15 discussion. I think in the next few minutes I 16 think we need to determine how we want to proceed. 17 Obviously one way is to let the committee 18 continue working and bring back further ideas to 19 us, or the other way to do this is for it to become 20 a discussion of the committee as a whole. 21 Maybe Judy or Bill, Cece, what do you think 22 should happen next? 23 MS. AMIANO: We all had a genuine desire to 24 move something forward.</p>
<p style="text-align: right;">Page 138</p> <p>1 selling, you know, the premium, giving 15% back to 2 yourself, those don't have to be core features. 3 They do not exist in other states necessarily, 4 that's just something that is brought up. It would 5 be more useful to actually start at the beginning. 6 For example, the 10% rule expansion and the 7 moratorium, they were all based -- in building new 8 buildings, based -- really the idea is if we 9 continue to allow people to expand 10%, 20 beds, 10 whatever it is, and anyway we have no new 11 buildings, so can't buy to build, really then it is 12 a very limited function here because all we are 13 talking about, then, is buying beds between that 14 range, between what you can get free by expanding 15 but can't build anyway. 16 So it is a fairly small issue practically to 17 do all of this just for that one little niche area 18 which would be important to some people but would 19 not have a big impact. 20 So I suggest we kind of start at the 21 beginning, if we can, whenever the Chair is ready 22 and the subcommittee is ready and kind of walk 23 through the things because otherwise we will just 24 get stymied by the most difficult ones such as</p>	<p style="text-align: right;">Page 140</p> <p>1 MR. CHAIRMAN: I think some of us who have 2 been here a long enough time have that same desire. 3 MS. AMIANO: So whatever, you know, is the 4 pleasure of the group. It is not meant to be 5 exclusionary. It is -- so we will do whatever will 6 help move this forward. 7 MR. CHAIRMAN: Again, for those of you that 8 are new, the reason it was four people is to avoid 9 Frank coming after us with the Open Meetings Act. 10 He is vicious, and we don't want Frank mad at us. 11 It wasn't that we chose to exclude people, it was 12 we wanted to be productive without having to go to 13 jail over the number of people working on it. So 14 please don't feel that you are left out, but it 15 obviously has worked. To that we are very happy 16 about it. 17 So, again, what are the thoughts that are on 18 the table about next step for the next meeting? 19 MR. CASPER: This is Bill. I would have one 20 comment. I think maybe the thought I'm having 21 right now is that a good -- after people have had 22 time to digest this, it would be a good idea for 23 the entire subcommittee to have a discussion about 24 it because, again, today a couple questions or</p>

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<p>1 areas for additional research have surfaced.</p> <p>2 Following that discussion we could then</p> <p>3 decide whether it made sense for the smaller group</p> <p>4 to get back together to process all that and come</p> <p>5 back or whether we have made enough progress for</p> <p>6 the subcommittee to make a recommendation without</p> <p>7 them. Does that make sense?</p> <p>8 MR. CHAIRMAN: Does make sense. Does anyone</p> <p>9 have any objection?</p> <p>10 MR. GAFFNER: If that process is followed, I</p> <p>11 guess the only thing that I would urge us to do,</p> <p>12 and I understand the transparency and Open Meetings</p> <p>13 Act issues, is that we somehow be able to actively</p> <p>14 involve the other long-term care associations in</p> <p>15 the subcommittee's work. I think that will speed</p> <p>16 up the process and avoid any issues that might</p> <p>17 arise later.</p> <p>18 So I don't know whether there is a decision</p> <p>19 to actually go beyond the four and then we have a</p> <p>20 transparency issue, or if not, as long as there is</p> <p>21 a mechanism to get Illinois Council and HCCI, any</p> <p>22 others involved, I'm comfortable with that.</p> <p>23 MR. CHAIRMAN: I think there is an easier</p> <p>24 way to do this. Terry Sullivan, who used to be a</p>	<p>1 through, but what is other acronym you are using?</p> <p>2 MR. GAFFNER: Health Care Council of</p> <p>3 Illinois has some members within that group that</p> <p>4 are not member of Council on Long-Term Care. I'm</p> <p>5 not trying to muddy the waters.</p> <p>6 MR. CHAIRMAN: For years I have never heard</p> <p>7 of that group.</p> <p>8 MS. AVERY: It is Pat Comstock, isn't it?</p> <p>9 MR. FOLEY: Yes.</p> <p>10 MR. CHAIRMAN: That is a lobbying group.</p> <p>11 MR. GAFFNER: No, not any longer. John can</p> <p>12 probably explain it. I know he is familiar with</p> <p>13 it. I don't want to take up valuable time.</p> <p>14 MR. CHAIRMAN: I will talk to Steve or John,</p> <p>15 I don't care.</p> <p>16 MS. AVERY: Well, two things and, again, I</p> <p>17 heard all of the concerns that we have heard from</p> <p>18 the outside about not being inclusive in this small</p> <p>19 work group, and we are taking the brunt of it. I</p> <p>20 voiced to both the Chair and Co-Chair a lack of</p> <p>21 staff member being there, but we will have to</p> <p>22 figure it out about the smaller work group. We</p> <p>23 have had people complain about it.</p> <p>24 MR. CHAIRMAN: You never make everybody</p>
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<p>1 member of this, is the executive director of one</p> <p>2 group and at one time --</p> <p>3 MR. FOLEY: No, that's not correct.</p> <p>4 MR. GAFFNER: He has left. He is not there</p> <p>5 any longer. You are correct, Mr. Chairman, he was</p> <p>6 in the past.</p> <p>7 MR. CHAIRMAN: Time out. Terry is in charge</p> <p>8 of the Illinois Nursing Home Administrators</p> <p>9 Association.</p> <p>10 MR. GAFFNER: He is of that.</p> <p>11 MR. CHAIRMAN: And Illinois Council</p> <p>12 supposedly was -- my belief there is a lot of</p> <p>13 Illinois Council members who do belong to IHCA.</p> <p>14 Not all, but I think there is significant numbers.</p> <p>15 I think we may have some representation that way,</p> <p>16 and, again, Alan, I'm not sure what other group you</p> <p>17 are talking about.</p> <p>18 MR. GAFFNER: Well, there has been</p> <p>19 significant change in that no longer are council</p> <p>20 members, at least that I am aware of, members of</p> <p>21 IHCA. There was a division of the two under the</p> <p>22 same advocacy umbrella in July of 2013. There are</p> <p>23 some --</p> <p>24 MR. CHAIRMAN: I'm aware merger didn't go</p>	<p>1 happy.</p> <p>2 MS. AVERY: No, you don't.</p> <p>3 MR. CHAIRMAN: I think this has been a</p> <p>4 productive meeting. I think the two subcommittees</p> <p>5 have done an incredible job, and that on behalf of</p> <p>6 the entire board I want to thank them. And we do</p> <p>7 need to pick another meeting date.</p> <p>8 Ms. AVERY: Yes. Is it your wish --</p> <p>9 what is your wish about location?</p> <p>10 MR. CHAIRMAN: My wish is whatever makes</p> <p>11 people happy.</p> <p>12 MS. AVERY: Okay.</p> <p>13 MR. CHAIRMAN: You know, attendance is the</p> <p>14 most important thing. So if attendance is improved</p> <p>15 by doing it this way, then I'm in favor of it.</p> <p>16 MS. AVERY: You will suffer through.</p> <p>17 MR. CHAIRMAN: I will suffer through. God</p> <p>18 only knows what parking lot my car is in.</p> <p>19 UNIDENTIFIED: Take the train.</p> <p>20 MR. CHAIRMAN: I have places to go next.</p> <p>21 MS. AVERY: Sorry. Our next board meeting</p> <p>22 for the planning board, Health Facilities and</p> <p>23 Services Review Board, is November 12th, and then</p> <p>24 the following one is December 16th, and then we are</p>

**MEETING 11/5/2014**

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1 into the first of the year.	1 MS. AVERY: January 14th?
2 MR. CHAIRMAN: So probably don't want to	2 MR. CHAIRMAN: What day is it?
3 meet in December because of the holidays?	3 MS. AVERY: It is the 14th. January 14th,
4 MS. AVERY: No, it is hard.	4 location to be announced. Video conference, but we
5 MR. CHAIRMAN: We will go to January.	5 need to schedule a room.
6 MS. AVERY: Okay. Dates? Do we stick to	6 Okay. We need to move out quickly or else
7 that, what is this?	7 we will get a bad reputation. Thank you, everyone.
8 Didn't we do Tuesdays, second or third	8 (Concluded at 1:35 p.m.)
9 Tuesday or something?	9
10 MS. CREDILLE: I'm not available either one	10
11 of those.	11
12 MR. CHAIRMAN: In December?	12
13 MS. CREDILLE: No, January.	13
14 MR. CHAIRMAN: January, sorry.	14
15 MS. CREDILLE: Can we do January 27th?	15
16 UNIDENTIFIED: What day is that?	16
17 UNIDENTIFIED: Fine with me.	17
18 MR. CONSTANTINO: We have a board meeting	18
19 that day.	19
20 MS. AVERY: How about first of February?	20
21 One of those holidays. We get a lot of days off.	21
22 Those are Mondays.	22
23 UNIDENTIFIED: Martin Luther King is January	23
24 19th.	24
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1 MS. AVERY: Did you want to go into February	1 CERTIFICATE OF REPORTER
2 or try another date in January?	2
3 MR. FOLEY: Let's try another date in	3 I, JENNIFER L. CROWE, a Certified
4 January. We have been holding off on this for too	4 Shorthand Reporter within and for the State of
5 long.	5 Illinois, do hereby certify that proceeding was
6 MS. AVERY: The 19th or 26th?	6 taken by me to the best of my ability and
7 UNIDENTIFIED: January 19th is Martin Luther	7 thereafter reduced to typewriting under my
8 King.	8 direction; that I am neither counsel for, related
9 MS. AVERY: I would prefer not to have a	9 to, nor employed by any of the parties to the
10 board meeting the next day. I think the 12th is	10 action in which this proceeding was taken, and
11 what, nothing.	11 further that I am not a relative or employee of any
12 UNIDENTIFIED: It is Monday. Monday?	12 attorney or counsel employed by the parties
13 MS. AVERY: Yeah, we are out of Mondays.	13 thereto, nor financially or otherwise interested in
14 Tuesdays?	14 the outcome of the action.
15 UNIDENTIFIED: How about Thursday, January	15
16 15th?	16
17 UNIDENTIFIED: I cant.	17
18 MS. AVERY: The 8th, January 8th?	18 _____
19 UNIDENTIFIED: I can't.	18 License No. 084.003786
20 UNIDENTIFIED: Going to February.	19
21 MS. AVERY: What about the 21st, January?	20
22 UNIDENTIFIED: I'm out of town.	21
23 MS. AVERY: 14th, January 14th?	22
24 MR. PHILLIPPE: Yes.	23
	24

37 (Pages 145 to 148)

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